Performance of the Sacramento County Mental Health System for CY 2023

Prepared by the Sacramento County Mental Health Board December 2024

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Executive Summary

The purpose of this report is to comply with the Sacramento County Mental Health Board's (MHB) statutory mandate pursuant to Welfare and Institutions Code Section 5604.2(a)(5) to submit an annual report to the governing body on the needs and performance of the county's mental health system.

Introductory material summarizes demographic information relating to the client beneficiaries, revenue sources, and the mission, vision, and principles of Sacramento County Behavioral Health Services.

Timeliness of services is presented in excerpts from the survey and report completed by the California External Quality Review Organization (CalEQRO) for its FY 2022-23 Report[1], which included the following recommendations:

1) Develop and implement a system to accurately track and report urgent service requests and include on the submitted Assessment of Timely Access. (This recommendation is a carry-over from FY 2021-22.)

2) Develop and implement a system to accurately track and report no shows for psychiatrists and/or clinicians other than psychiatrists and ensure data integrity from Contractor providers to improve consistency in documentation requirements. (Timeliness). (This recommendation is a carry-over from FY 2021-22).

3) Expand on outcome goals within the Quality Improvement Work Plan (QIWP), to include the impact on beneficiaries when compliance percentage goals are achieved. (Quality)

4) Restructure both the clinical and non-clinical Performance Improvement Project (PIP) plans to follow assigned format; to include clinical or non-clinical goals, flow, and identified variables with corresponding performance measure outcomes. (PIP)

5) In addition to tracking participants that attend trainings, ensure contract agencies are providing MHP required or mandated trainings to all impacted staff by tracking. (Quality)

Crisis services provided by the Sacramento County Mental Health Treatment Center (SCMHTC), Mental Health Urgent Care Center (MHUCC), Community Wellness Response Team (CWRT), and Mobile Crisis Support Team (MCST) are described.

> **Recommendation**: Improve data gathering and follow up relative to age, gender, Identity, sexual orientation, race, ethnicity, and primary language relating to clients

[1] https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/Sacramento%20MHP%20EQRO%20Final%20Report%20FY%202022-23.pdf

at the crisis services locations identified above, in order to improve such services to underserved population groups.

Capacity is currently suffering from a severe workforce shortage resulting in large part from a vacancy rate of 42% for Mental Health Counselors and 33% for Senior Mental Health Counselors.

Recommendation: The Board of Supervisors is asked to increase funding of the Division of Behavioral Health Services so it has greater capacity to provide services by:

- Maximizing the allocation of County General Funds to the Division of Behavioral Health Services.
- Working through its lobbyist and the California State Association of Counties to advocate for more funding for community behavioral health services in the state budget, including realignment funds and Medi-Cal.
- Approving additional compensation for Mental Health Counselors and Senior Mental Health Counselors to be more competitive with the private sector and reduce the vacancy rate.

Penetration rates decreased by 25% among ages 0-5, which is particularly significant in that the decrease in penetration rate exceeded 20%. Penetration rates decreased by 12% among ages 6-17 and 18-59. Penetration rates for clients who identify as belonging to Other racial group decreased over 17%. Also, penetration rates for client who identify as American Indian decreased over 11%. Penetration rates decreased by over 8% for both clients who identify as Asian/Pacific Islander as well as clients who identify as Hispanic.

Recommendation: Behavioral Health Services should investigate the cause of the decrease in penetration rate for clients ages 0-5. Additionally, Behavioral Health Services should investigate the causes of the decrease in penetration rate for clients who identify as belonging to Other racial groups. Targeted outreach to all groups with moderate to significant decreases should be considered. Behavioral Health Services should add and maintain penetration rate data relating to primary language.

Retention rates are relatively consistent across most race, age, and sex groups, with two notable exceptions. Persons of unknown or unreported race have a retention rate for greater than 15 services that is 10% to 20% lower than almost all defined racial groups. This trend reappears when primary language is unknown or unreported, by 30% to 40% lower than almost all specified languages. There are two other primary language groups with a significantly lower retention rate, by 10% to 20%, for greater than 15 services: Arabic and Other.

Recommendation: Behavioral Health Services should take steps to improve data

gathering and follow up relative to age, gender, sexual orientation, ethnicity, race, and primary language relating to retention, especially for greater than 15 services. Because persons of unknown or unreported race have a retention rate for greater than 15 services that is at least 50% lower than almost all defined racial groups, BHS should investigate the causes of the disparity. In addition, Behavioral Health Services should investigate the causes of the disparity in retention rate for clients whose primary language is Farsi or Other, and then implement changes aimed at improving their retention. Additionally, BHS should disaggregate age data to see if there are significant differences in those served that are 0-4 years, 5-9 years, 10-14 years, 15-17 years, 18-24 years, 25-44 years, 45-64 years, and 65+ years of age.

Behavioral Health Services has a diverse staff in terms of race and language diversity among direct service staff. However, some imbalances still exist when current staffing levels are compared to the Medi-Cal beneficiary population for males, the African American race group, and those whose primary languages is Russian. In addition, a little over 60% of Medi-Cal MHP beneficiaries declined to state or otherwise went unreported regarding sexual orientation.

Recommendation: Behavioral Health Services should strive in its recruitment efforts to ameliorate the imbalances that exist in its representation of staff by gender, sexual orientation, race, and primary language. In addition, Behavioral Health Services should take steps to improve data gathering and follow up relative to sexual orientation from Medi-Cal MHP beneficiaries in order to assure adequate staff representation for various sexual orientations.

Introduction

Sacramento County, through the Division of Behavioral Health Services, is the Mental Health Plan (MHP) that is responsible for providing specialty mental health service to Sacramento County residents. The purpose of this report is to comply with the Sacramento County Mental Health Board's (MHB) statutory mandate pursuant to Welfare and Institutions Code Section 5604.2(a)(5) to: "Submit an annual report to the governing body on the needs and performance of the county's mental health system." This report will focus on the recommendations made in the Performance of the Sacramento County Mental Health System Report for CY 2022, with results from review of the most recent data presented in this report, along with further recommendations relating to more recent developments.

Methodology Sources

- Demographics: Sacramento County Behavioral Health Services, Be Healthy Sacramento[2]
- Revenue: Sacramento County Behavioral Health Services
- Needs of the County's Mental Health System: California Health Interview Survey via Be Healthy Sacramento Community Dashboard[3]
- Outpatient Services – Timeliness: Sacramento Mental Health Plan External Quality Review Organization (EQRO) Report FY 2022-23[4]
- Crisis Services: Dignity Health Mercy San Juan Outpatient Behavioral Health Crisis Services Collaborative (CSU), Turning Point Community Programs, Sacramento County Behavioral Health Services Community Wellness Response Team Program Description
- Capacity of Services: Sacramento Mental Health Plan External Quality Review Organization (EQRO) Report FY 2022-23[5]
- Penetration Rates: Sacramento County Behavioral Health Service
- Retention Rates: Sacramento County Behavioral Health Services

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[2] https://www.behealthysacramento.org/demographicdata
[3] https://www.behealthysacramento.org/indexsuite/index/mentalhealth?localeType=3&parentLocale=271&periodId=307
[4] https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/Sacramento%20MHP%20EQRO%20Final%20Report%20FY%202022-23.pdf
[5] https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/Sacramento%20MHP%20EQRO%20Final%20Report%20FY%202022-23.pdf

- Human Resources: Sacramento County Behavioral Health Services

The Mental Health Board thanks the Sacramento County Behavioral Health Services Data Analytics Team (DAT) for its assistance in obtaining or locating the above data.

Background

Demographics

Sacramento County's current population demographics by race, ethnicity, age group, and language spoken at home are reflected in the following charts.

Figure 1: Population by Race, County: Sacramento

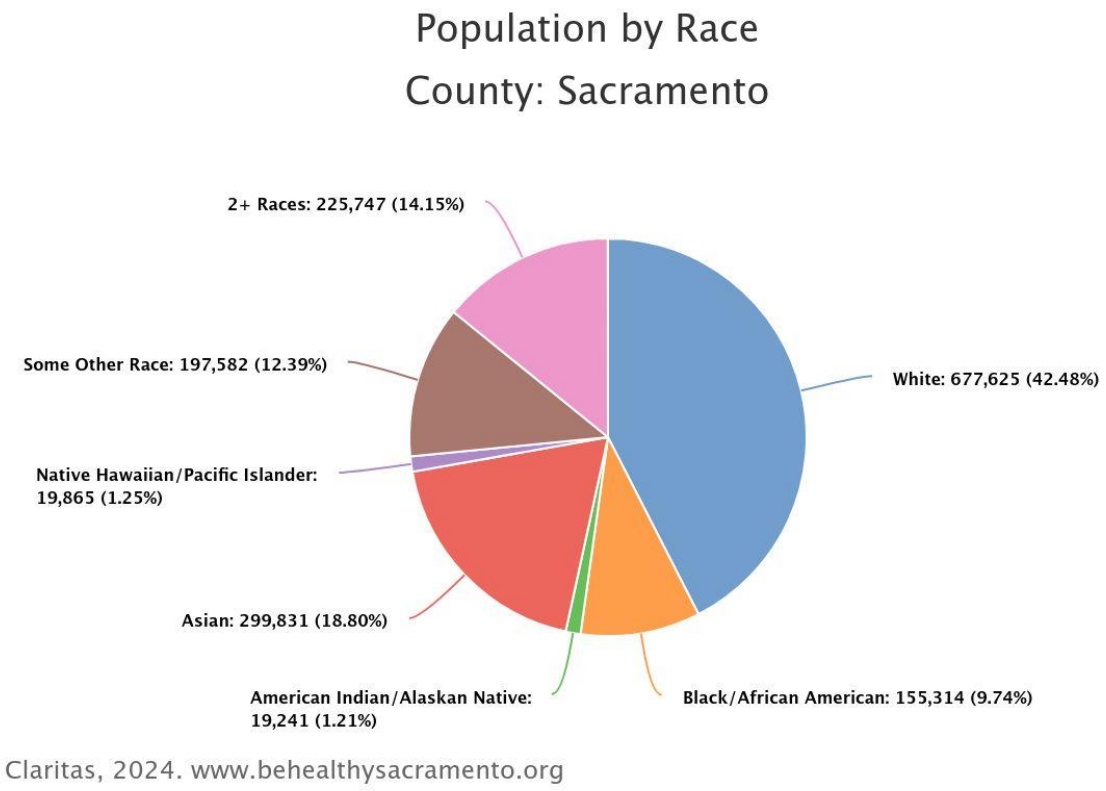
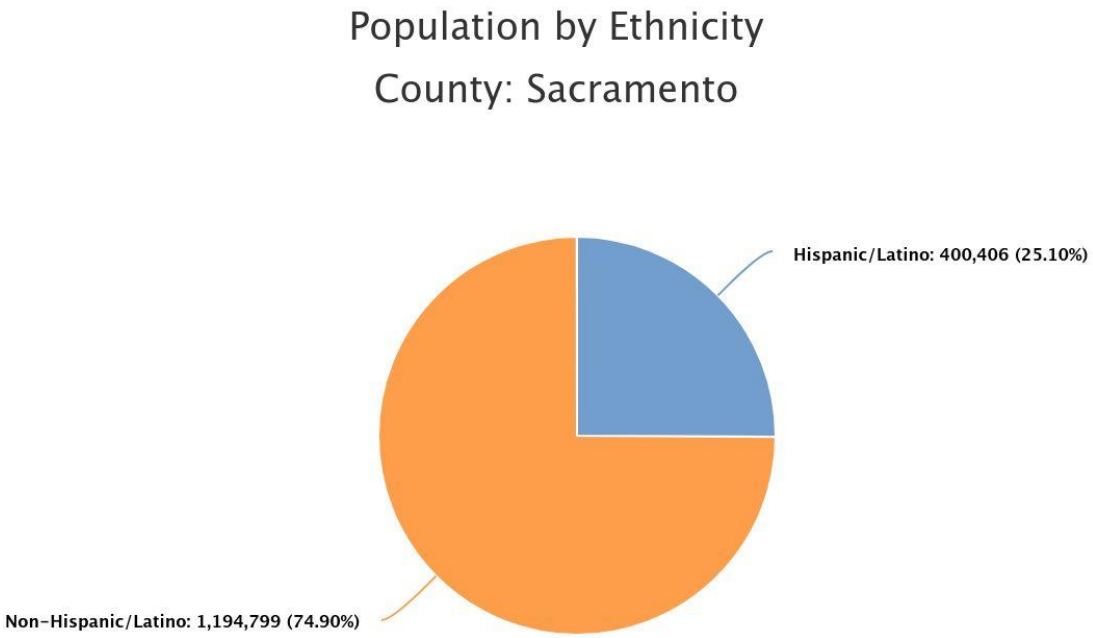
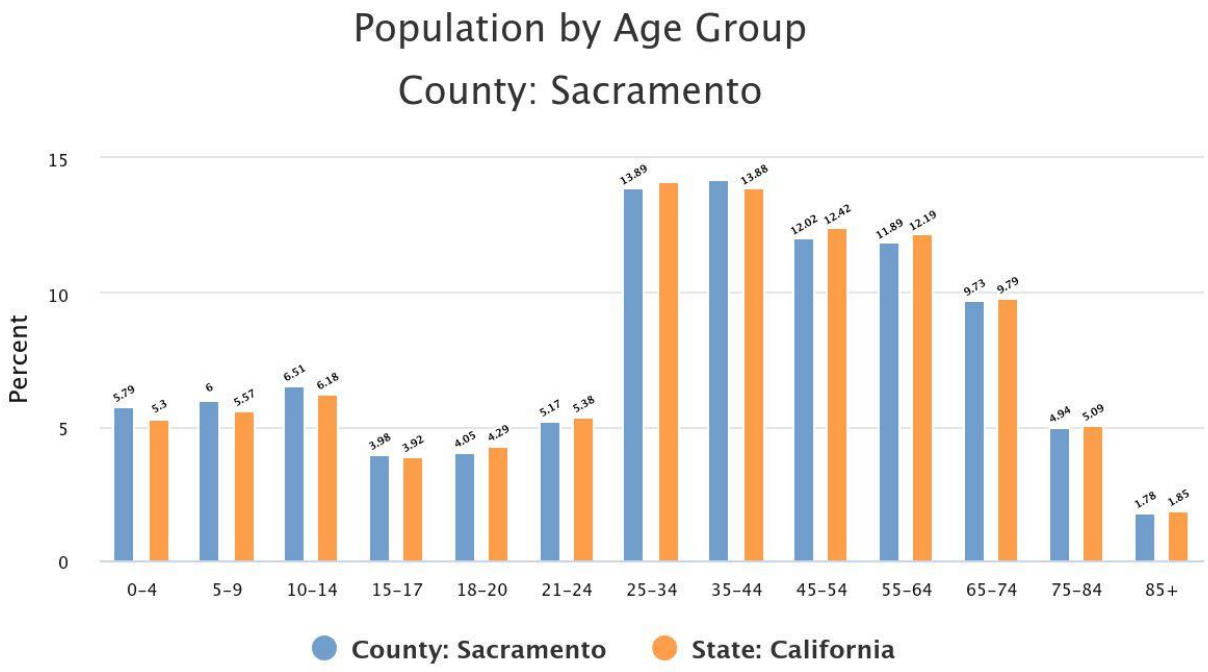


Figure 2: Population by Ethnicity, County: Sacramento



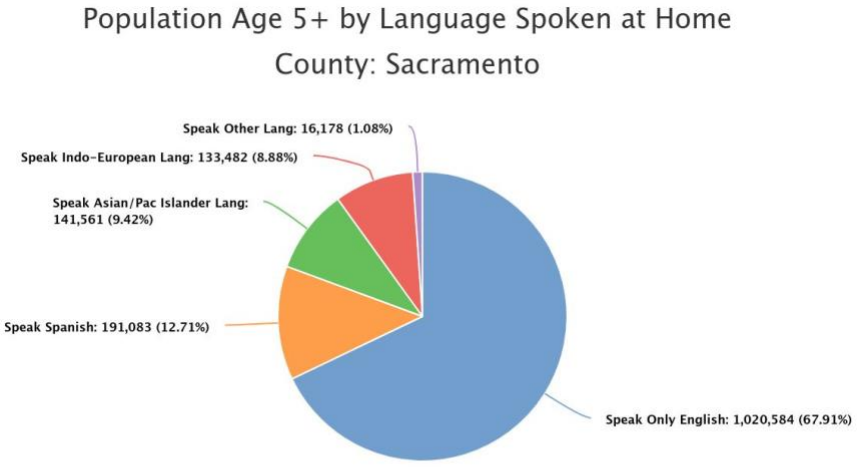
Claritas, 2024. www.behealthysacramento.org

Figure 3: Population by Age Group, County: Sacramento



Claritas, 2024. www.behealthysacramento.org

Figure 4: Population by Language Spoken at Home, County: Sacramento



Claritas, 2024. www.behealthysacramento.org

Sacramento County has an estimated population of 1,572,453 people (United States Census, Population Estimates, Jan 1, 2023). The Sacramento County Behavioral Health System served 32,192 persons in FY 2022-23, an increase of 2,160 persons from FY 2021-22. 22,989 persons served in FY 2022-23 were Medi-Cal beneficiaries[6], a decrease of 2,336 Medi-Cal beneficiaries from FY 2021-22.[7] Reasons identified for this decrease include reduced staff capacity due to the behavioral health workforce crisis, unemployment rates hitting record lows which means more people secured employment and may have lost Medi-Cal eligibility, and the roll-out of schools as centers of wellness were students have access to school-based counselors.

The tables on the following pages break down clients served by age, gender, ethnicity, race, and primary language for FY 2022-23 that is the subject of this report.

Comparatively, the tables reflect a significant increase in reporting of ethnicity, race, and primary language demographics. When compared to current population demographics contained in Figures 1, 2, 3, and 4, the tables reflect potential underutilization of services by Asian / Pacific Islander and White race, Hispanic / Latino ethnicity, and non-English speaking populations. A cautionary note: different years, sources, and reporting samples have been relied upon by the different reporting entities, which may prevent complete translation for comparison purposes.

[6]Based on financial eligibility entered in the Electronic Health Record
[7]25,325 Medi-Cal beneficiaries were reportedly served in FY 2021-22

Table 1: Unduplicated Clients Served in Sacramento County, FY 2022-23 (Total Served 32,192)

	AGES 0-5		AGES 6-17		AGES 18-25		AGES 26-59		AGES 60+		UNKNOWN		TOTAL	
Gender ID	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Female	387	1.2%	4462	13.9%	2042	6.3%	7289	22.6%	1695	5.3%	4	0.0%	15879	49.3%
Male	515	1.6%	4025	12.5%	1633	5.1%	7275	22.6%	1308	4.1%	2	0.0%	14758	45.8%
Unknown/Not Reported	130	0.4%	395	1.2%	218	0.7%	683	2.1%	122	0.4%	1	0.0%	1549	4.8%
Transgender Female	0	0.0%	1	0.0%	1	0.0%	1	0.0%	0	0.0%	0	0.0%	3	0.0%
Transgender Male	0	0.0%	0	0.0%	0	0.0%	2	0.0%	0	0.0%	0	0.0%	2	0.0%
Other	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Sexual Orientation	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Unknown/Not Reported	896	2.8%	5540	17.2%	1981	6.2%	8005	24.9%	1911	5.9%	6	0.0%	18339	57.0%
Straight or heterosexual	78	0.2%	2294	7.1%	1340	4.2%	6276	19.5%	1145	3.6%	0	0.0%	11133	34.6%
Unsure/Questioning	56	0.2%	580	1.8%	129	0.4%	245	0.8%	41	0.1%	0	0.0%	1051	3.3%
Bisexual	1	0.0%	307	1.0%	311	1.0%	406	1.3%	7	0.0%	1	0.0%	1033	3.2%
Lesbian, gay or homosexual	0	0.0%	111	0.3%	99	0.3%	266	0.8%	20	0.1%	0	0.0%	496	1.5%
Other	1	0.0%	52	0.2%	34	0.1%	52	0.2%	1	0.0%	0	0.0%	140	0.4%
Race	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
White/Caucasian	209	0.6%	2215	6.9%	1011	3.1%	5347	16.6%	1336	4.2%	2	0.0%	10120	31.4%
Black/African American	170	0.5%	2017	6.3%	1005	3.1%	3511	10.9%	622	1.9%	0	0.0%	7325	22.8%
Other Race	162	0.5%	2691	8.4%	905	2.8%	2214	6.9%	325	1.0%	0	0.0%	6297	19.6%
Unknown/Not Reported	467	1.5%	1476	4.6%	673	2.1%	2779	8.6%	535	1.7%	5	0.0%	5935	18.4%
Asian/Pacific Islander	21	0.1%	395	1.2%	243	0.8%	1155	3.6%	264	0.8%	0	0.0%	2078	6.5%
American Indian/Alaskan Native	3	0.0%	90	0.3%	57	0.2%	244	0.8%	43	0.1%	0	0.0%	437	1.4%
Primary Language	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Arabic	1	0.0%	11	0.0%	3	0.0%	64	0.2%	11	0.0%	0	0.0%	90	0.3%
Cantonese	0	0.0%	10	0.0%	1	0.0%	32	0.1%	18	0.1%	0	0.0%	61	0.2%
English	682	2.1%	7690	23.9%	3561	11.1%	13432	41.7%	2606	8.1%	4	0.0%	27975	86.9%
Hmong	0	0.0%	7	0.0%	3	0.0%	123	0.4%	46	0.1%	0	0.0%	179	0.6%
Other	0	0.0%	1	0.0%	0	0.0%	2	0.0%	1	0.0%	0	0.0%	4	0.0%
Other Non-English	6	0.0%	64	0.2%	35	0.1%	245	0.8%	102	0.3%	0	0.0%	452	1.4%
Russian	3	0.0%	16	0.0%	8	0.0%	124	0.4%	67	0.2%	1	0.0%	219	0.7%
Spanish	49	0.2%	873	2.7%	112	0.3%	310	1.0%	69	0.2%	0	0.0%	1413	4.4%
Unknown/Not Reported	291	0.9%	200	0.6%	166	0.5%	859	2.7%	174	0.5%	2	0.0%	1692	5.3%
Vietnamese	0	0.0%	12	0.0%	5	0.0%	59	0.2%	31	0.1%	0	0.0%	107	0.3%
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Not Hispanic/Latino	473	1.5%	5442	16.9%	2607	8.1%	11111	34.5%	2387	7.4%	2	0.0%	22022	68.4%
Unknown/Not Reported	467	1.5%	1476	4.6%	673	2.1%	2779	8.6%	535	1.7%	5	0.0%	5935	18.4%
Latino/Hispanic	92	0.3%	1966	6.1%	614	1.9%	1360	4.2%	203	0.6%	0	0.0%	4235	13.2%

Source: Sacramento County Behavioral Health Services

The following pie charts display the percentage break down of clients by age, gender, ethnicity, race, and sexual orientation for all clients served, followed by graphs depicting the primary language and diagnosis category percentages.

Figure 5: All Served FY 2022-23 – Age

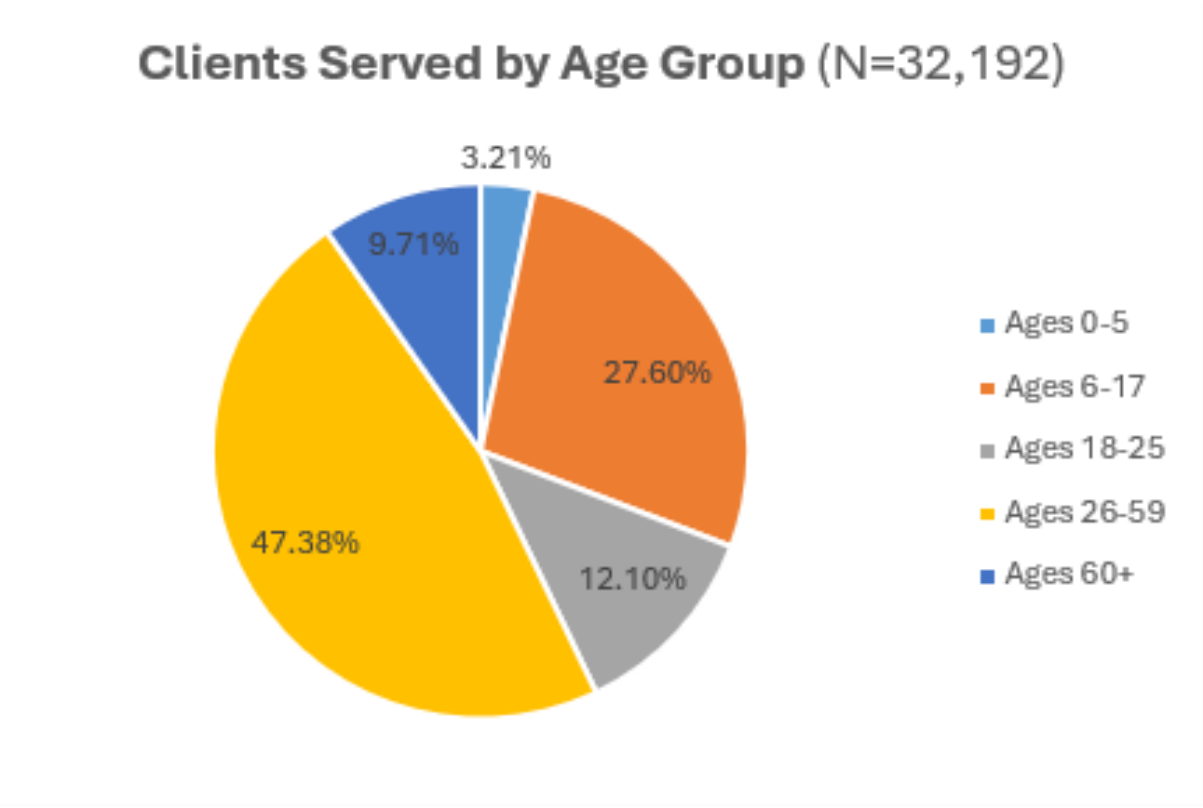
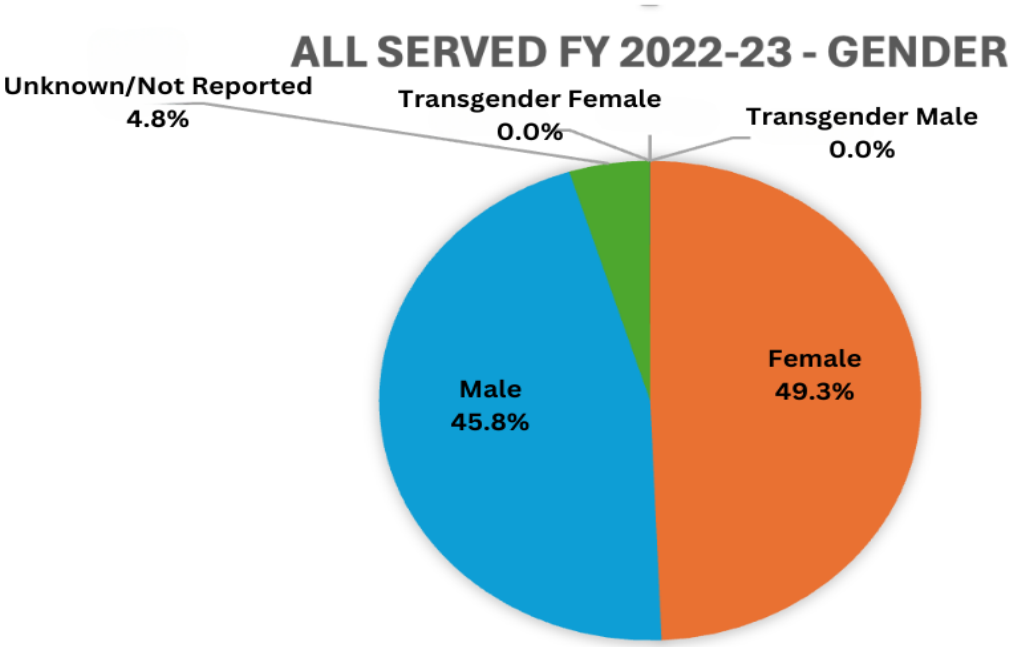


Figure 6: All Served FY 2022-23 – Gender



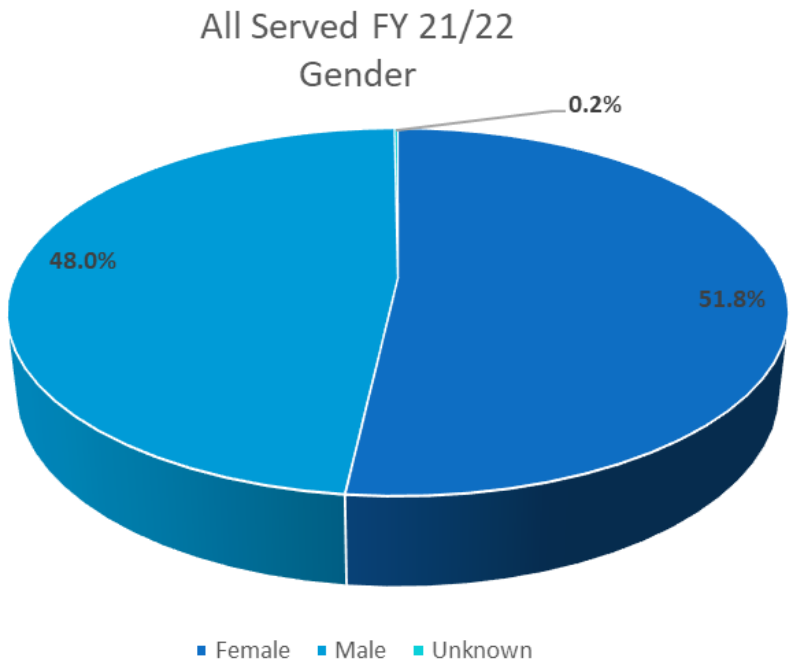
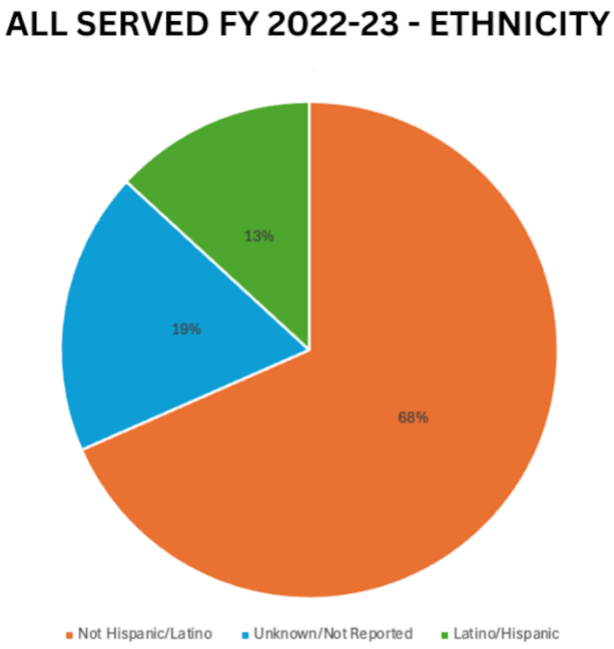


Figure 7: All Served FY 2022-23 – Ethnicity



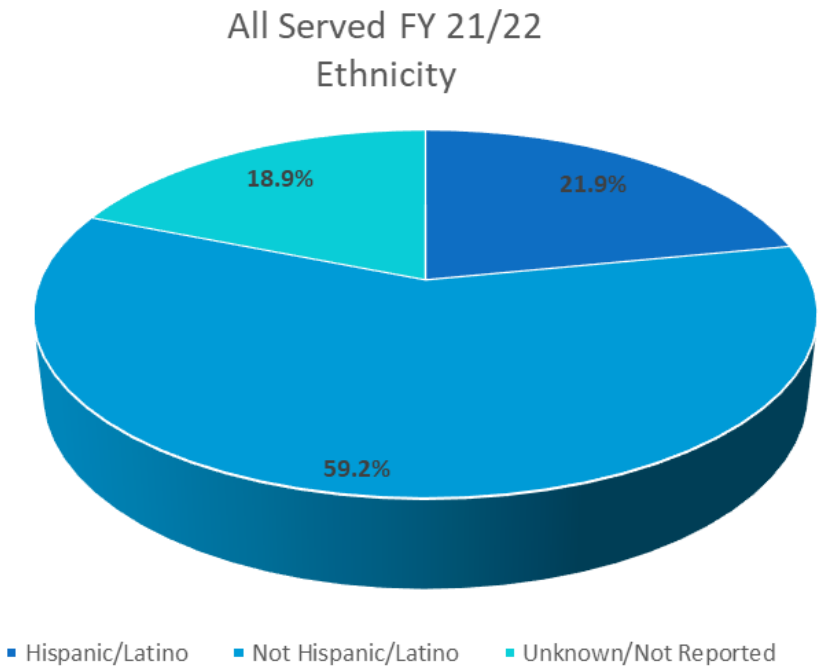
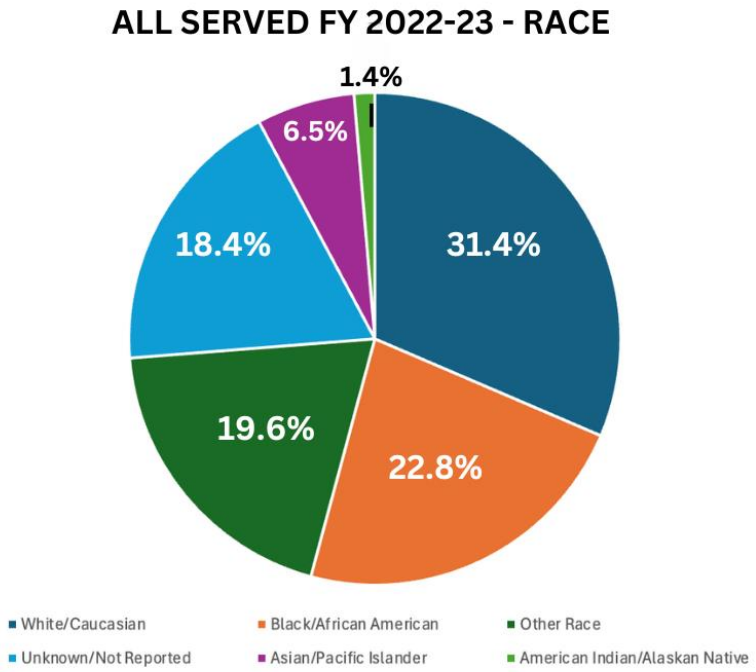


Figure 8: All Served FY 2022-23 – Race



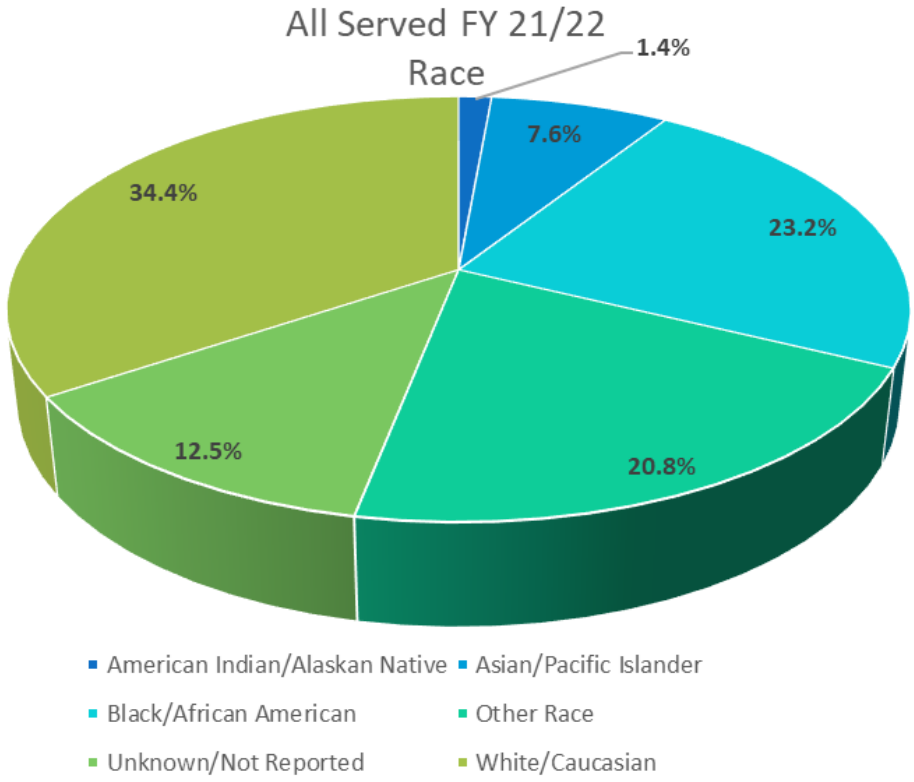


Figure 9: All Served FY 2022-23 – Sexual Orientation

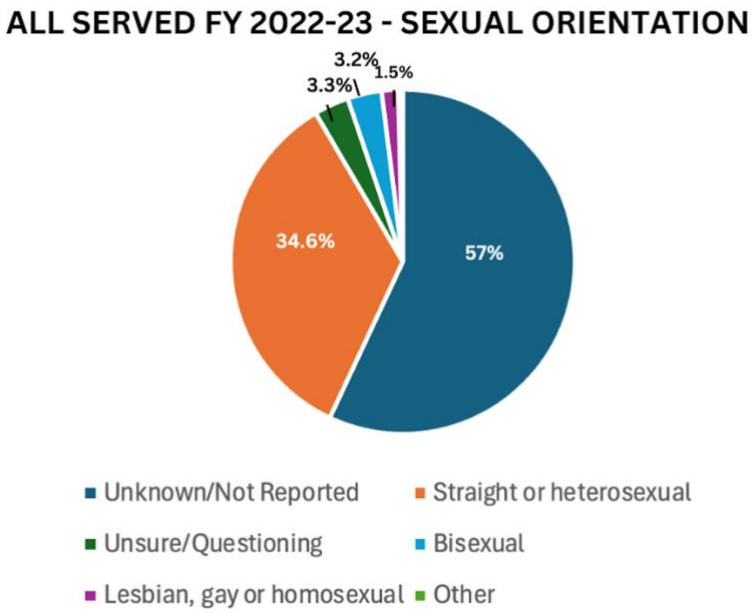
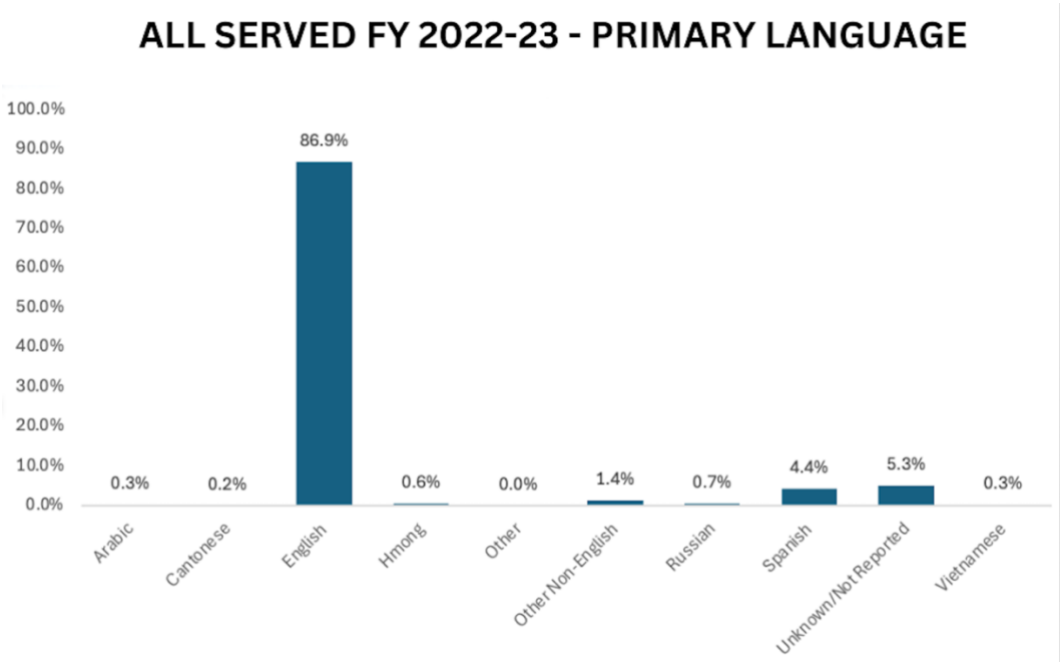


Figure 10: All Served FY 2022-23 – Primary Language



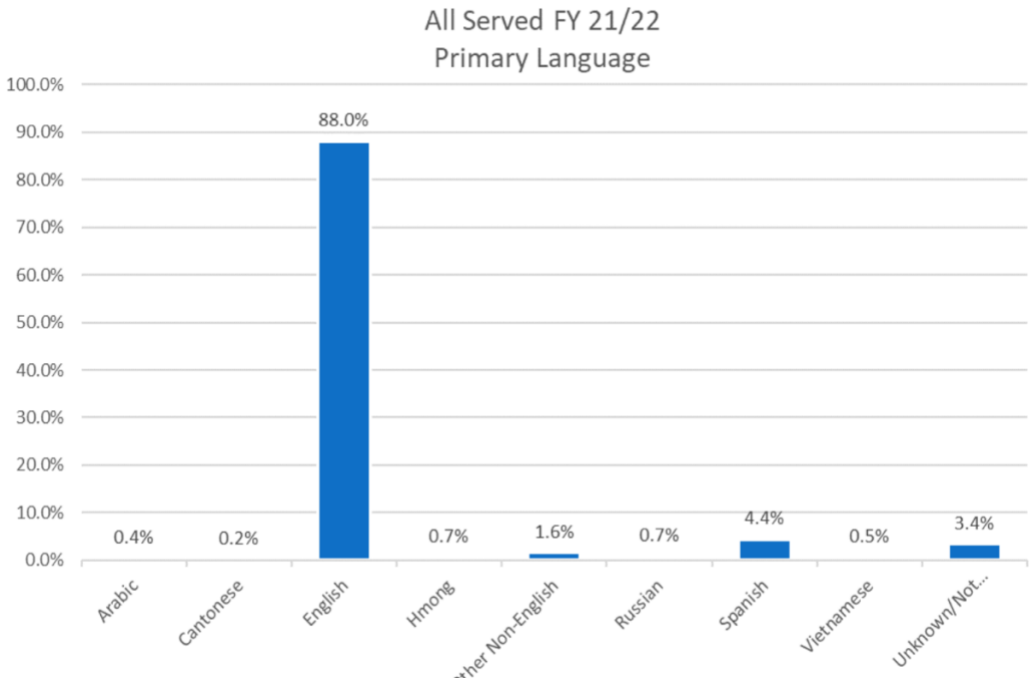
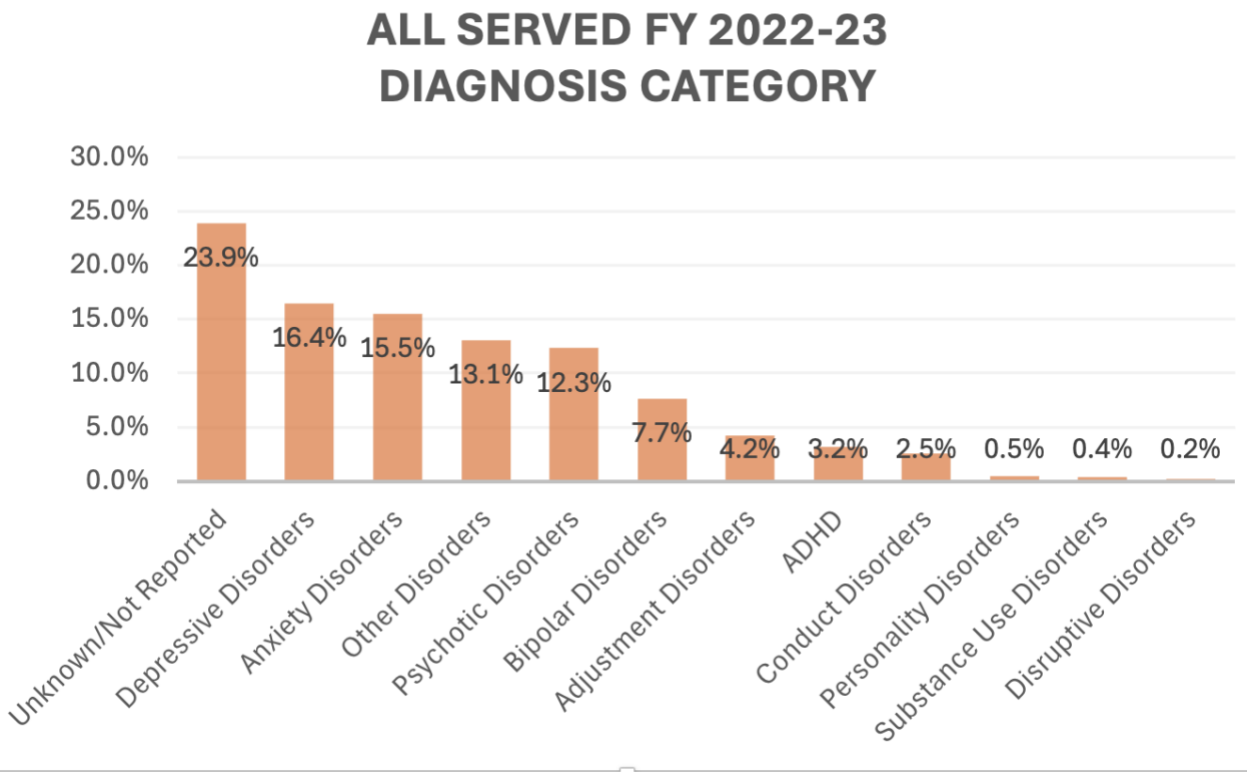


Figure 11: All Served FY 2022-23 – Diagnosis Category



Source (Figures 5-11): Sacramento County Behavioral Health Services

Revenue

The BHS received approximately $365.86 million to provide mental health services in CY 2023. Table 3 below provides the revenue sources.

Table 2: Revenue Sources, CY 2023

Revenue Source		Actuals	% of total
Medi-Cal	$	(81,939,422.93)	22.39%
2011 Realignment	$	(76,703,591.73)	20.96%
1991 Realignment	$	(60,199,911.89)	16.45%
State General Fund	$	(334,632.69)	0.09%
Mental Health Services Act	$	(135,429,649.00)	37.02%
System Partners & Grants	$	(10,037,455.72)	2.74%
County General Fund	$	(1,219,074.00)	0.33%
Total	**$**	**(365,863,737.96)**	**100.00%**

Source: Sacramento County Behavioral Health Services

Legend:

Medi-Cal (Federal Financial Participation): the name of California's version of the federal Medicaid program that funds mental health services for low-income persons

1991 and 2011 Realignment: a process whereby State Sales Tax and Vehicle License Fees are transferred to the county level to fund mental health services

State General Fund: funds received from the State of California derived from personal income tax, sales and use tax, and corporation tax that is allocated by California's governor and Legislature

Mental Health Services Act: the act created by Proposition 63 in 2004 creating a 1% tax on incomes over $1 million to fund mental health services

County General Fund: funds received from the County of Sacramento derived from local taxes, permit fees, etc. Allocated by the County Executive for general operating functions of County agencies

SB 82 Mental Health Wellness Grant: competitive grant program designated for the purpose of developing mental health crisis support programs

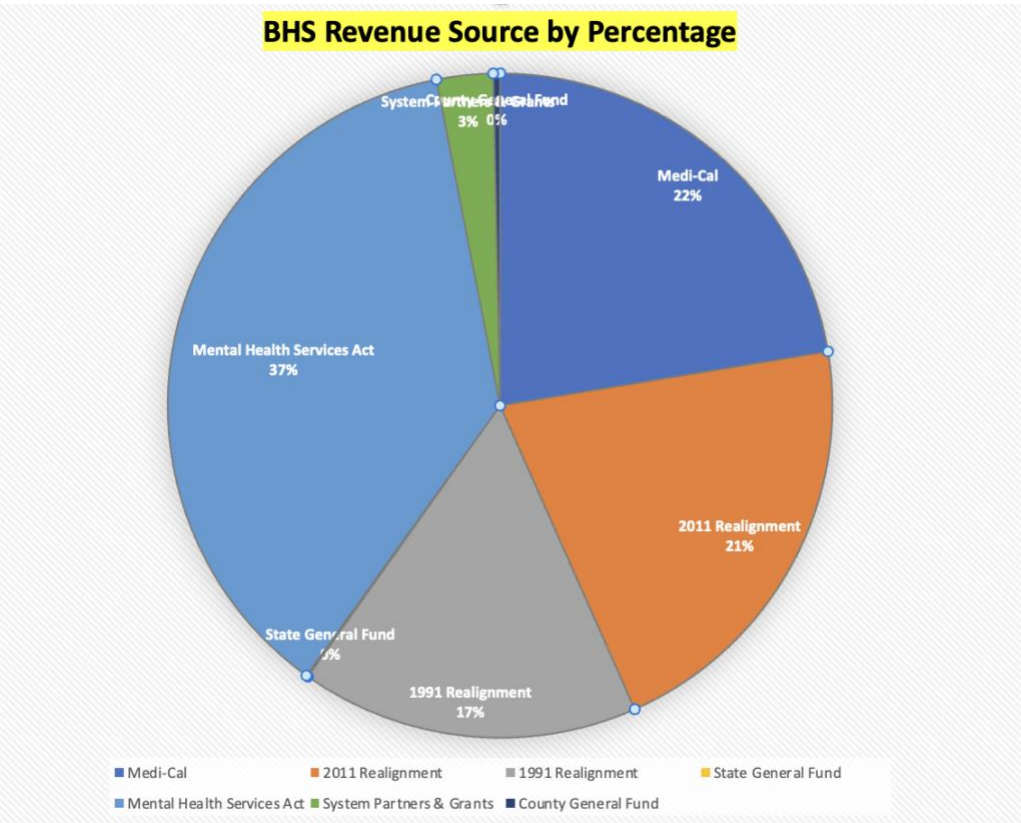
SAMHSA: a block grant provided by the federal SAMHSA for services to individuals with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness, or who are at imminent risk of homelessness

CalWorks: a public assistance program that provides cash aid and services to eligible families that have children in the home.

System Partner Funding (inter-departmental): inter-departmental transfers to leverage funding for services with other county departments, such as Child Protective Services, Probation, and CalWorks

The following pie chart displays the revenue sources by percentage.

Figure 12: Revenue Source by Percentage



Source: Sacramento County Behavioral Health Services

An itemized breakdown of revenue from system partners, grants, and inter-departmental transfers is shown in Table 3 below.

Table 3: Itemized Breakdown of BHS Revenue From System Partners, Grants, and Inter-Departmental Transfers

MENTAL HEALTH ONLY (January 2023-December 2023)

Revenue Source	Actuals Received	Millions	% of Total
Medi-Cal	$(80,394,644)	$80.39	21.44%
2011 Realignment	$(76,703,592)	$76.70	20.46%
1991 Realignment	$(60,199,912)	$60.20	16.06%
State General Fund	$(1,879,412)	$1.88	0.50%
Mental Health Services Act	$(135,429,649)	$135.43	36.12%
Intrafund - DCFAS CPS Wrap	$(1,261,704)		
Intrafund - DCFAS FFPSA	$(223,547)		
Intrafund - DCFAS Foster Funding	$(2,324,055)		
Intrafund - DCFAS FURS	$(113,250)		
Intrafund - DHA CalWorks	$(2,558,824)		
Intrafund - DHA HEART	$(431,878)		
Intrafund - JMS YDF	$(1,949,436)		
Intrafund - Probation ADRC	$(193,235)		

Intrafund - Probation STRTP	$(10,000)		
Intrafund - Probation YRG	$(3,230)		
Intrafund	$(9,069,159)	$9.07	2.42%
Grants - BHCIP	$(162,815)		
Grants - CalAIM BHQIP	$(859,035)		
Grants - CCMU	$(300,413)		
Grants - CHFFA	$(356,055)		
Grants - County ARPA	$(269,594)		
Grants - DOJ	$(84,713)		
Grants - MHGB ARPA	$(223,361)		
Grants - MHSOAC MHSSA	$(1,164,259)		
Grants - MHSOAC Triage	$(1,086,070)		
Grants - PATH	$(435,613)		
Grants - SAMHSA	$(3,032,245)		
Grants - Whole Care Forensic	$(848,563)		
Grants	$(8,822,736)	$8.82	2.35%
insurance Proceeds - CalAIM ECM	$(11,838)	$0.01	0.00%
Insurance Proceeds - Other	$(1,122,389)	$1.12	0.30%
Medicare	$(59,520)	$0.06	0.02%
County General Fund	$(1,219,074)	$1.22	0.33%
Total	**$(374,911,924)**	**$374.90**	**100%**

Source: Sacramento County Behavioral Health Services

Mental Health Services

Sacramento Behavioral Health Services provides mental health services primarily through the Sacramento County Mental Health Plan (MHP), which is the portion of the county mental health system that serves Medi-Cal beneficiaries.

The Sacramento County Mental Health Plan operates with the following Vision, Mission, and Principles[8]:

Vision

"The Sacramento County Mental Health Plan is committed to providing beneficiaries the necessary services and supports to attain and maintain the most dignified life existence possible."

Mission

[8] https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/Phase-II-Consolidation-of-Medi-Cal-Specialty-Mental-Health-Services.pdf

The Sacramento County Mental Health Plan will:

- Assist adults with mental illness and children/youth with emotional disturbance by providing services and supports to maximize their quality of life in the community.
- Sustain and enhance a public mental health system that supports recovery of adults with mental illness and children/youth with emotional disturbance.
- Eliminate mental health disparities for all cultural, ethnic, and racial groups.

Principles

- All individuals have a basic human right to be treated with dignity and respect.
- Inclusion of the beneficiary, family, and community support system in the individual treatment and system planning processes is critical to quality outcomes.
- Effective communication and respect for the relationship between individuals, families and providers are essential for successful outcomes.
- Treatment should always be delivered in the most appropriate and least restrictive environment and level of care.
- The treatment process is strength based.
- Beneficiary choice will be honored within available resources.

The County of Sacramento provides or arranges and pays for the medically necessary covered Specialty Mental Health Services (SMHS) to beneficiaries of Sacramento County. SMHS are delivered by both county-operated and contractor-operated providers in the MHP and are delivered in clinic, field-based, residential, and inpatient settings and include:

- Mental Health Services
- Medication Support Services
- Day Treatment Intensive
- Day Rehabilitation
- Crisis Intervention
- Crisis Stabilization
- Adult Residential Treatment Services
- Crisis Residential Treatment Services
- Psychiatric Health Facility Services
- Intensive Care Coordination (for beneficiaries under 21 years)
- Intensive Home-Based Services (for beneficiaries under 21 years)
- Therapeutic Behavioral Services (for beneficiaries under 21 years)
- Therapeutic Foster Care (for beneficiaries under the age of 21)
- Psychiatric Inpatient Hospital Services
- Targeted Case Management

Regardless of payment source, approximately 6.17% of services were delivered by county-operated/staffed clinics and sites and 93.83% were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 79.13% of services provided were claimed to Medi-Cal.

In addition to clinic-based mental health services, the MHP provides psychiatry and mental health services via telehealth video and phone to youth and adults. In FY 2021-22, the MHP provided telehealth services to 14,010 adult beneficiaries, 9.138 youth beneficiaries, and 2,305 older adult beneficiaries across two county-operated sites and 57 contractor-operated sites. Among those served, 722 beneficiaries received telehealth services in a language other than English.

Strengths of the County's Mental Health System

Sacramento County's MHP has a broad service delivery system that provides access to beneficiaries and family members, as evidenced by:

- Creating capacity for a 24-hour, 7-day a week Urgent Care walk-in clinic for immediate and emergent mental health needs
- Creating and supporting a mobile response team for behavioral health crises, staffed by a mental health counselor and a peer support specialist
- Implementing mandated requirements for CalAIM
- Being proactively involved in Peer Certification to prepare its Peer workforce to bill for services rendered
- Offering services in the seven threshold languages as well as emergent languages such as Dari and Ukrainian
- Identifying four organizations to operate ten new CORE programs, with each including a Community Wellness Center and flexible outpatient programs
- Creating a centralized system to track and coordinate referrals
- Selecting CalMHSA semi-statewide CalMHSA Streamline HER as the replacement for the Avatar system

It is important to note that the data reported in this analysis was collected during a time when the county behavioral health services division underwent systemic changes to widen its service delivery system even more. Additionally, this analysis occurred during/after the Coronavirus Disease 2019 (COVID-19) pandemic when the MHP saw a significant decline in staff retention and faced continued challenges in hiring replacement staff. Likewise, the MHP served the expanding needs of immigrant communities from countries in political strife, including those from Afghanistan and the Ukraine. These factors affect access, timeliness, and quality of care and the changes include:

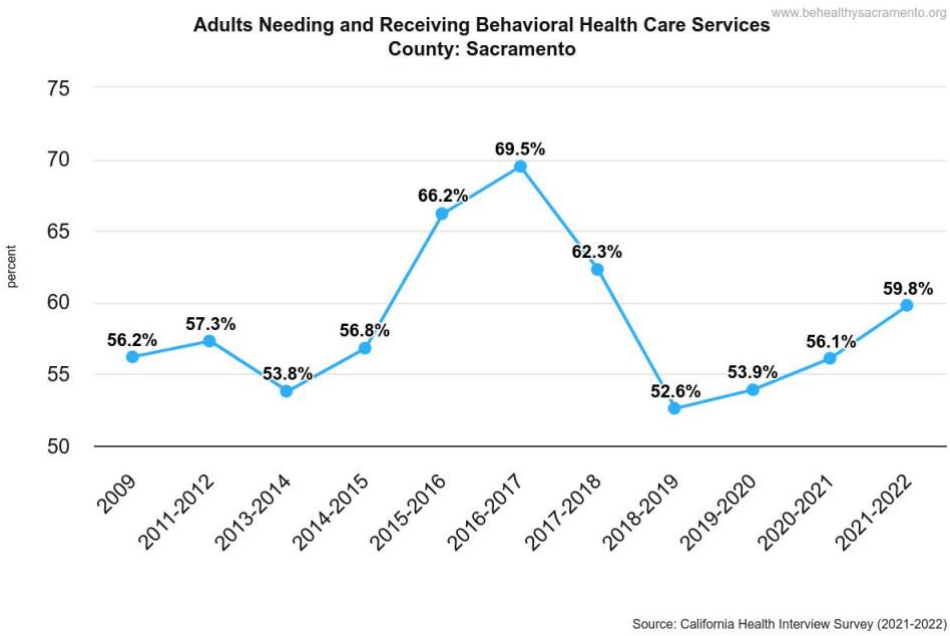
- Ukrainian Phone Support line was established to provide emotional support to a large number of Ukrainians living in Sacramento County and who are concerned about their family and families who are in Ukraine.

- The MHP was recruiting staff to provide for the new 24-hour 7-day a week Call Center and Crisis Response Team.
- MHP was implementing Assisted Outpatient Treatment (AOT) and Forensic Behavioral Health Full Service Partnerships (FSP) in Sacramento County. AOT includes a county operated engagement team and contracted services provision. FSP is a partnership with the Criminal Justice Support Program.
- MHP expanded hours of operation in their existing walk-in Mental Health Urgent Care clinic (MHUCC) to 24/7.
- MHP was planning to open ten clinics and Wellness Centers under the CORE project to address mental health needs in underserved communities. Chosen contractors identified specific outreach activities to engage the community of need.
- In collaboration with Probation, Public Defender, and the Courts, the MHP launched a new Justice Diversion Treatment Resource Center for misdemeanor mental health diversion clients.
- A new BHS Probation Mental Health Team was created in 2021 to expand behavioral health screening, assessment, and referral services to address the mental health needs of youth in the Juvenile Justice system.

Needs of the County's Mental Health System

The California Health Interview Survey (CHIS) is the largest state health survey in the nation and is managed by the University of California, Los Angeles Center for Health Policy Research. Data from the CHIS is obtained by interviewing more than 20,000 Californians each year. It is a web and telephone survey that asks questions on a wide range of health topics. CHIS has been conducted on a continuous basis, allowing the survey to generate timely one-year estimates. CHIS provides representative data on all 58 counties in California and provides a detailed picture of the health and health care needs of California's large and diverse population. According to the CHIS, the percentage of adults needing and receiving behavioral health care services in 2021-2022 increased by 3.7% from 2020-2021 and increased by 5.9% from 2019-2020.

Figure 13: Adults Needing and Receiving Behavioral Health Care Services in Sacramento County from 2009 to 2021-2022



According to the CHIS, however, Sacramento County has a value that is in the 2nd worst quartile of counties when compared to other counties throughout the state; counties in the best 50% have a value higher than 60.5% while counties in the worst 25% have a value lower than 55.8%.[9] 59.6% of adults in Sacramento County that needed behavioral health care services received them in 2021-2022. Table 5 breaks this percentage down by the percent of individuals who needed and received behavioral health services in Sacramento County based on their age, gender, race/ethnicity, and sexual orientation. Unfortunately, the data from CHIS does not explicitly report the numbers for individuals identifying as Black/African American or transgender. Additionally, the CHIS data has not been updated to account for CY 2023.

Table 3: Age, Gender, Race/Ethnicity, and Sexual Orientation for Adults Needing and Receiving Behavioral Health Care, FY 2021-22

Age	%
18-24	61.3
25-44	53.2
45-64	57.5
65+	58.8

9 https://www.behealthysacramento.org/indicators/index/view?indicatorId=51&localeId=271&periodId=7107&localeChartIdxs=2|3|4|5&comparisonId=6635

Gender	%
Female	63.7
Male	55
Race/Ethnicity	%
Asian	57.8
Hispanic/Latino	66.6
Two or More Races	69.0
White	58.9

Sexual Orientation	%
Straight (heterosexual)	60.1
Bisexual	65.2
Homosexual	74.5

Source: Sacramento County, Be Healthy Sacramento, Measurement Period 2021-22

Outpatient Services

Timeliness of Mental Health Services

The amount of time it takes for beneficiaries to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Review of the CalEQRO report for FY 2022-23 shows that the MHP's readmission rates are lower than the statewide average, which is indicative of the MHP working diligently with beneficiaries to reduce readmission rates. or Medi-Cal Specialty Mental Health addresses timeliness of service in its annual survey and report, as excerpted in Figure 11 below.

Figure 14: MHP Assessment of Timely Access for FY 2022-23

MHP			
Timeliness Measure	**Average**	**Standard[2]**	**% That Meet Standard**
First Non-Urgent Appointment Offered	5.3 Days	10-Business Days*	83.7%
First Non-Urgent Service Rendered	5.4 Days	10 days**	84.7%
First Non-Urgent Psychiatry Appointment Offered	***	15-Business Days*	***
First Non-Urgent Psychiatry Service Rendered	29 Days	15 days**	25%
Urgent Services Offered (including all outpatient services) – Prior Authorization not Required	9.9 Hours	48-Hours*	100%
Follow-Up Appointments after Psychiatric Hospitalization	12.2 Days	7 Days**	37.1%
No-Show Rate – Psychiatry	2.7%	****	n/a
No-Show Rate – Clinicians	1.2%	****	n/a

* DHCS-defined timeliness standard as per BHIN 21-023 and 22-033

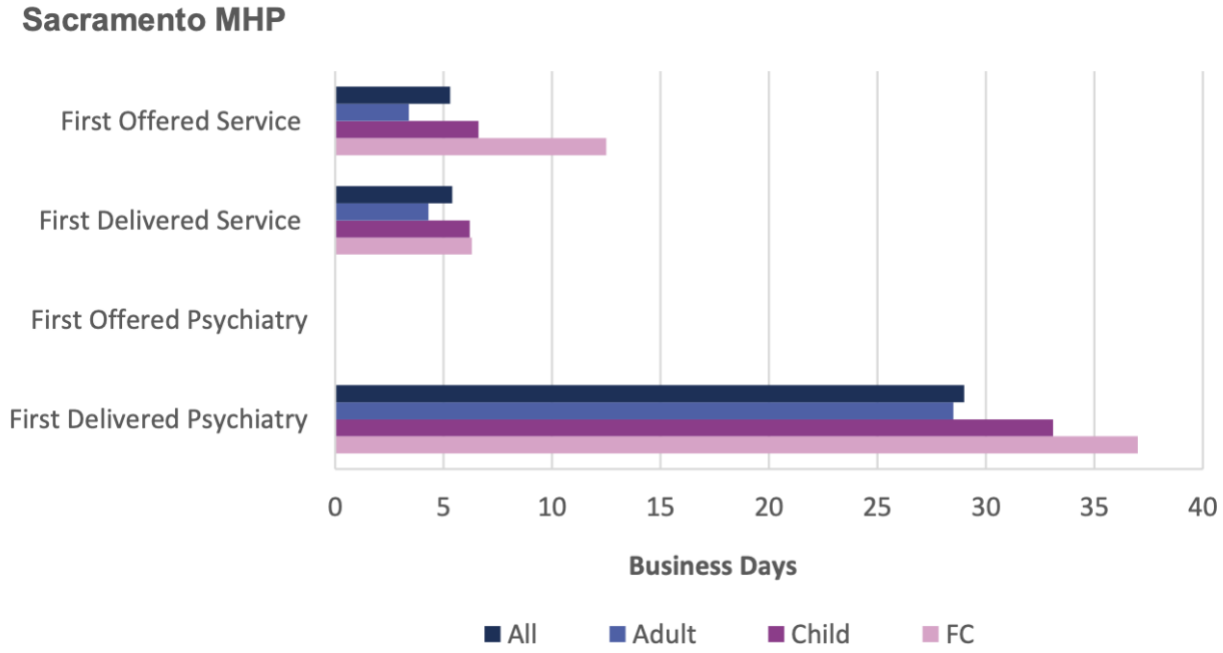
MHP-defined timeliness standards

*** MHP did not report data for this measure

**** The MHP does not set a standard for this measure

Source: Sacramento County MHP Cal EQRO Report FY 2022-23

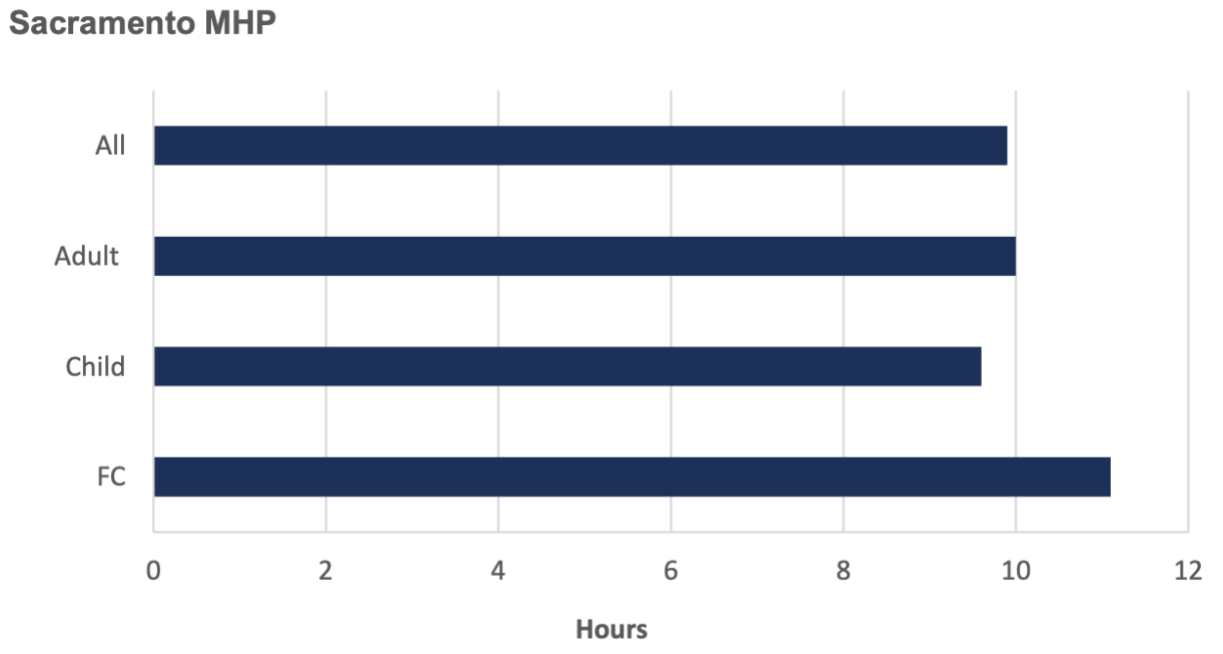
Figure 15: Wait Times to First Service and First Psychiatry Services



Source: Sacramento County MHP Cal EQRO Report FY 2022-23

The Mental Health Plan (MHP) for Sacramento County does not track “first offered psychiatry” service.

Figure 16: Wait Times for Urgent Services



Source: Sacramento County MHP Cal EQRO Report FY 2022-23

The MHP reported a rehospitalization rate of 22 percent based on CY 2019 data. The EQRO Performance Measures reports a rehospitalization rate of 1 percent. It is unclear why the two reports are so different. EQRO queried if the MHP's reported 22 percent might reflect all subsequent hospitalizations versus 11 being only the first re-hospitalization. The MHP reported a rehospitalization rate for adults at 23.3 percent, for children at 2.5 percent, and for foster care (FC) at 30 percent. Reported timeliness data for this metric did not separate adults and older adults.

The MHP standard for follow-up post psychiatric hospitalization is the Healthcare Effectiveness Data and Information Set (HEDIS) standard of seven days. The standard was met 71.8 percent of the time overall, 70.7 percent for adults, 83.6 percent for children, and 88.9 for FC. The 7-day standard for post-hospital follow-up appointments was met 71.8 percent of the time overall in FY 2019-20. The EQRO Performance Measure for CY 2019 shows a rate of 50 percent for 7-day follow-up, which was an improvement from CY 2018 (at 29 percent). It is unclear why these two reports are inconsistent. There has clearly been a significant improvement in this measure. Again, reported timeliness data for this metric did not separate adults and older adults.

The Department of Healthcare Services (DHCS) standard for length of time from service request for urgent appointment to actual encounter is 48 hours for appointments that do not require prior authorization and 96 hours for appointments that require prior authorization. The MHP is determining the method to track these requests. With the implementation of the MHUCC, all calls for urgent or crisis services are directed to the MHUCC. The MHUCC also serves walk-in beneficiaries and those who are brought by law enforcement. The 96-hour standard for urgent appointments requiring an authorization does not apply because the MHP does not require authorization for urgent requests for services. Reported timeliness data for this metric was not reported.

The MHP standard from initial request to first offered psychiatry appointment is 15 days. The standard was met 97.7 percent of the time overall, 98 percent for adults, 96.2 percent for children, and 100 percent for FC. The data are part of a timeliness assessment provided post review and takes into account new ways to track this data. As in the above circumstances, reported timeliness data for this metric did not separate adults and older adults.

The MHP has a standard of ten business days in compliance with the state timeliness metric. They meet this standard 100 percent of the time overall, including adults, children, and FC. Time to first offered and first kept appointment is defaulted to the date and time of the call, as that is when the Access Line employee delivers the brief assessment, rather than at first accepted and kept appointment. Once again, timeliness data were not separated for adults and older adults.

Languages other than English have a longer wait time before first appointment, and no knowledge of transportation options to reach their appointments.

In its Timeliness to Behavioral Health Outcomes Quarterly Report for April to June 2023, Sacramento County Behavioral Health Services reports:

- **Approximately 21.0% of children and 48.7% of adults met the benchmark target for the time from a service request to the first outpatient service this reporting period.**

- **The average number of hours from an urgent care admission to the first outpatient service was 1.5 for children and 0.5 for adults, below the 72 hours benchmark target.**

- **The benchmark target for the number of days from hospital discharge to first outpatient service is 7 days. Approximately 64.7% of children and 77.4% of adults met the benchmark target. On average, it took adults 6.6 days and children 8.1 days to receive their first outpatient service after a hospital discharge during the reporting period.**

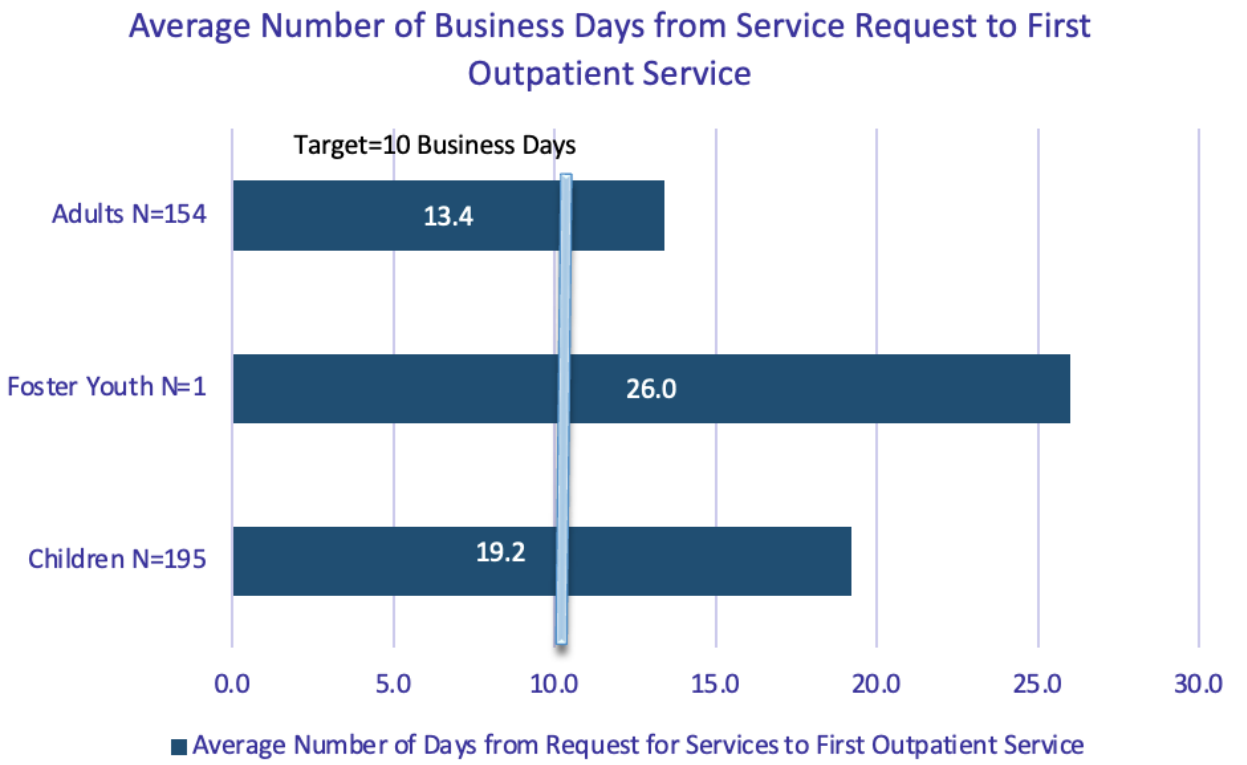
- **Outpatient programs performed well in getting clients to psychiatric service within 30 days of a hospital discharge. Children had an average time of 16.4 days and adults had an average time of 13.2 days from hospital discharge to their first outpatient psychiatric service.**

- **The proportion of clients with a no-show or a cancellation before their first outpatient service was 8.7% for children and 10.4% for adults.**

- **The proportion of no-shows and cancellations for all face-to-face outpatient services during the reporting period was 1.2% for clients in all age groups.**

Figure 17 provides the average number of days from the initial service request for new clients to the first outpatient service.

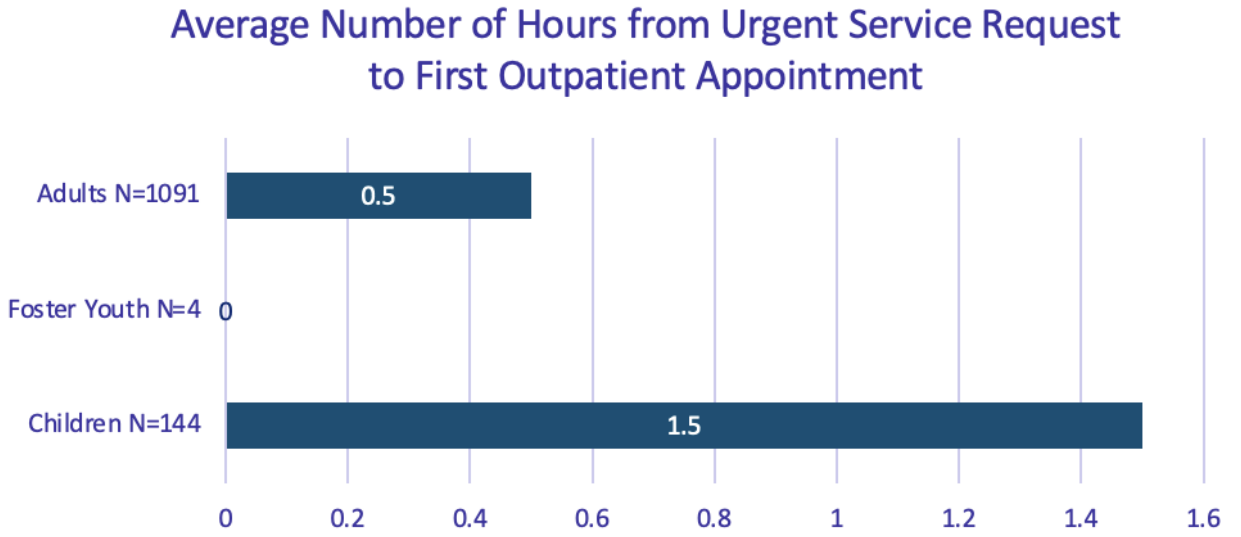
Figure 17 Average Number of Business Days from Service Request to First Outpatient Service



Source: Sacramento County Behavioral Health Services

Figure 18 shows the average number of hours from the time of the urgent care request to the time of the first outpatient service. The time of the urgent care request was defined as the date of admission to the Urgent Care Clinic, and the time of the first outpatient service was defined as the first service at the Urgent Care Clinic. The timeliness benchmark is 72 hours which was met by all age groups this reporting period.

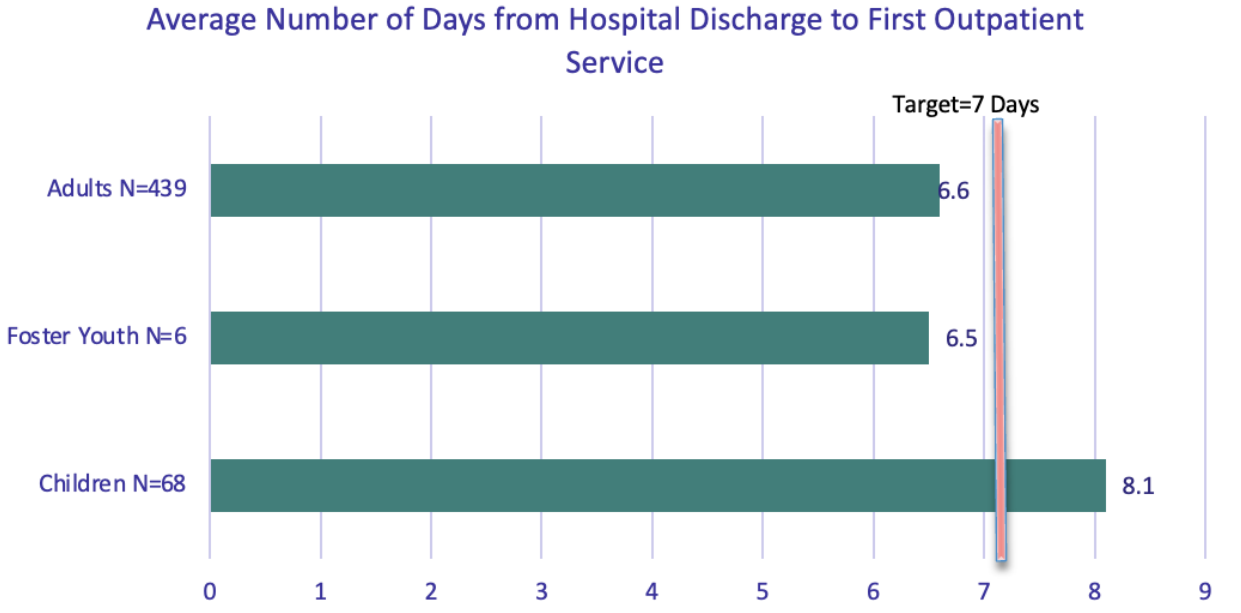
Figure 18 Average Number of Hours from Urgent Service Request to First Outpatient Appointment



Source: Sacramento County Behavioral Health Services

System-wide, the target time from hospital discharge to the first outpatient service is 7 days. Figures 19 shows how outpatient programs performed in the reporting period. The data only includes clients who received a follow-up outpatient service after a hospital discharge. Hospital discharges within the Sacramento County MHP as well as out-of-county hospitals were included in the report.

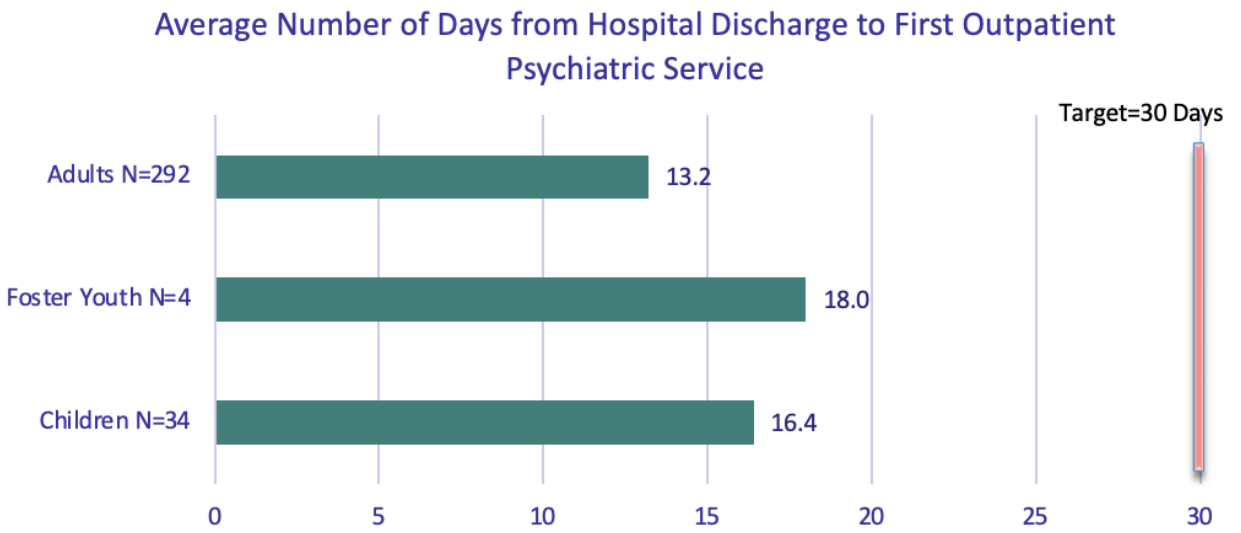
Figure 19 Average Number of Days from Hospital Discharge to First Outpatient Service



Source: Sacramento County Behavioral Health Services

The target goal for the amount of time between hospital discharge and the first psychiatric service is 30 days. Figure 20 below shows the average times by age groups meeting the target this reporting period. The data only includes clients who received a follow-up outpatient service after a hospital discharge.

Figure 20 Average Number of Days from Hospital Discharge to First Outpatient Psychiatric Service



Source: Sacramento County Behavioral Health Services

Table 4 shows the demographic breakdown of unduplicated clients who received services and experienced no-shows and cancellations during the reporting period. Clients who received services and experienced no missed appointments are grouped in the “No” column. Clients who experienced no-shows or cancellations are grouped in the “Yes” column. Please note that Sacramento regions were determined by the client’s zip code entered in Avatar.

Table 4 Percentage of No-Shows and Cancellations for All Face-to-Face Outpatient Services

Demographics	No-Shows or Cancellations						
	No			Yes			
	N	%[a]	%[b]	N	%[a]	%[b]	Total
Gender							
Female	5614	51.2%	91.5%	520	54.5%	8.5%	6134
Male	5308	48.4%	92.4%	435	45.5%	7.6%	5743
Unknown	36	0.3%	100.0%	0	0.0%	0.0%	36
Race							
American Indian/Alaska Native	146	1.3%	89.6%	17	1.8%	10.4%	163
Asian/Pacific Islander	769	7.0%	93.1%	57	6.0%	6.9%	826
Black	2525	23.0%	90.2%	274	28.7%	9.8%	2799
Multi-Racial	792	7.2%	89.8%	90	9.4%	10.2%	882
Other	1703	15.5%	92.4%	141	14.8%	7.6%	1844
White	3685	33.6%	92.9%	282	29.5%	7.1%	3967
Unknown	1338	12.2%	93.4%	94	9.8%	6.6%	1432
Ethnicity							
Hispanic	2655	24.2%	91.7%	240	25.1%	8.3%	2895
Non-Hispanic	6565	59.9%	91.9%	582	60.9%	8.1%	7147
Unknown	1738	15.9%	92.9%	133	13.9%	7.1%	1871
Threshold Languages							
Arabic	20	0.2%	95.2%	1	0.1%	4.8%	21
Cantonese	34	0.3%	94.4%	2	0.2%	5.6%	36
English	9689	88.4%	91.5%	895	93.7%	8.5%	10584
Farsi	21	0.2%	100.0%	0	0.0%	0.0%	21
Hmong	85	0.8%	96.6%	3	0.3%	3.4%	88
Russian	91	0.8%	97.8%	2	0.2%	2.2%	93
Spanish	617	5.6%	94.5%	36	3.8%	5.5%	653
Vietnamese	45	0.4%	93.8%	3	0.3%	6.3%	48
Other	139	1.3%	97.2%	4	0.4%	2.8%	143
Unknown	217	2.0%	96.0%	9	0.9%	4.0%	226
Sacramento Regions							
Central	1721	15.7%	91.7%	155	16.2%	8.3%	1876
East	1759	16.1%	91.9%	156	16.3%	8.1%	1915
East/South-East	2610	23.8%	92.1%	224	23.5%	7.9%	2834
South	2537	23.2%	91.7%	229	24.0%	8.3%	2766
West	2069	18.9%	92.0%	181	19.0%	8.0%	2250
Out-of-County	136	1.2%	94.4%	8	0.8%	5.6%	144
Unknown	126	1.1%	98.4%	2	0.2%	1.6%	128
Total	10958	100.0%	92.0%	955	100.0%	8.0%	11913

Recommendations:

The External Quality Review Organization (EQRO) for Medi-Cal Specialty Mental Health made the following recommendations relating to timeliness of services in its FY 2020-21 Report, which are repeated here:

Recommendation 1: Review with DHCS the method currently used to measure the time to first offered and first kept appointment, which has resulted in meeting the standard 100 percent of the time. Also review whether the time to the second clinical appointment is at or near 100 percent.

Recommendation 2: Continue efforts to recruit and retain adequate psychiatry coverage and measure progress in terms of full-time equivalents (FTEs) and time to first psychiatry appointment.

Recommendation 3: Begin to track and report no-shows separately for psychiatrists and clinicians. Disaggregate data for adults, older adults, children, and youth in foster care (FC).

Recommendation 4: Determine a methodology to track time to response for urgent conditions and implement. Track and report this data, disaggregating adults, older adults, children, and FC.

Community Outreach Recovery Empowerment (CORE) Outpatient Program

Sacramento County Behavioral Health Services Community Outreach Recovery Empowerment (CORE) program provides specialty mental health outpatient services at 11 sites throughout Sacramento County. These sites are operated by four contracted providers: Bay Area Community Services (BACS), El Hogar, Hope Cooperative, and Turning Point.

Table 5: Demographics of Total Served FY 2022-23 - CORE Outpatient Program

CORE Outpatient Client Demographics - FY 22/23 (N=7777)		
Sex	**Undup Served**	**Percent**
Female	4086	52.5%
Male	3689	47.4%
Unknown	2	0.0%
Gender Identity		
Chose not to disclose	2	0.0%
Female	3979	51.2%
Male	3574	46.0%
Male-to-Female (MTF)/Transgender Female	2	0.0%
No Entry	220	2.8%
Sexual Orientation		
Bisexual	260	3.3%
Chose Not To Disclose	590	7.6%
Do Not Know	145	1.9%
Lesbian, gay or homosexual	155	2.0%
No Entry	2817	36.2%
Something else, please describe	39	0.5%
Straight or heterosexual	3771	48.5%
Age		
18-25	854	11.0%
26-59	5852	75.2%
60+	1071	13.8%
Race/Ethnicity		
American Indian/Alaskan Native	117	1.5%
Asian/Pacific Islander	595	7.7%
Black/African American	1996	25.7%
Hispanic/Latino	159	2.0%
Latino/Hispanic	781	10.0%
Other Race	465	6.0%
Unknown/Not Reported	923	11.9%
White/Caucasian	2741	35.2%

Primary Language		
Arabic	25	0.3%
Cantonese	23	0.3%
English	7086	91.1%
Hmong	59	0.8%
Other Non-English	127	1.6%
Russian	91	1.2%
Spanish	175	2.3%
Unknown / Not Reported	169	2.2%
Vietnamese	22	0.3%

Crisis Services

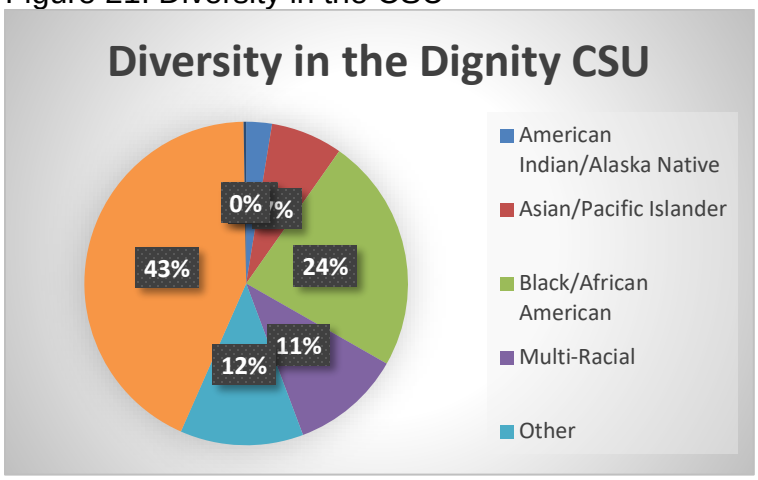
The Dignity Health Mercy San Juan Outpatient Behavioral Health Crisis Services Collaborative (CSU) serves individuals eighteen years of age and older for an average of 23 hours when they present to Dignity Health's Mercy San Juan Emergency Department, experiencing a mental health crisis, are medically stabilized, and would benefit from mental health and crisis stabilization services. The program began operating in 2019 and it has an expressed goal of reducing the number of involuntary 5150 holds and transfers to inpatient psychiatric units.

Table 6: CSU Volume

Dignity-CSU FY22/23		
Demographics of Unduplicated Clients Served (N=779)		
Demographics (N=779)	N	%
Age		
18-25	127	16.3%
26-59	596	76.5%
60+	56	7.2%
Sex		
Female	320	41.1%
Male	459	58.9%
Race		
American Indian/Alaska Native	20	2.6%
Asian/Pacific Islander	56	7.2%
Black/African American	183	23.5%
Multi-Racial	86	11.0%
Other	96	12.3%
White/Caucasian	336	43.1%
Unknown	2	0.3%
Ethnicity		
Hispanic	184	23.6%
Non-Hispanic	588	75.5%
Unknown	7	0.9%
Primary Language		
American Sign Language	1	0.1%
Cantonese	1	0.1%
Dari	1	0.1%
English	749	96.1%
Hmong	1	0.1%
Other Non-English	2	0.3%
Portuguese	1	0.1%
Russian	4	0.5%
Spanish	14	1.8%
Vietnamese	1	0.1%
Unknown	4	0.5%

Source: Sacramento County Behavioral Health Services Data Analytics Team

Figure 21: Diversity in the CSU



Source: Sacramento County Behavioral Health Services Data Analytics Team

Recommendation:

Mental Health Treatment Center (MHTC)

Table 7: Demographics for Total Served FY 2022-23 – MHTC

	Undup Clients	Total Admissions
Crisis Stabilization	540	606
Inpatient	271	311

	Crisis Stabilization (N=540)		Inpatient (N=271)	
Age	N	%	N	%
0-17	54	10.0%	1	0.4%
18-25	70	13.0%	26	9.6%
26-59	378	70.0%	211	77.9%
60+	38	7.0%	33	12.2%
Gender				
Female	235	43.5%	105	38.7%
Male	304	56.3%	166	61.3%
Unknown	1	0.2%	0	0.0%
Gender Identity				
Male	286	53.0%	157	57.9%
Female	217	40.2%	99	36.5%
Transgender	0	0.0%	1	0.4%
Chose not to disclose	1	0.2%	0	0.0%
Unknown/Not Reported	36	6.7%	14	5.2%
Sexual Orientation				
Straight or heterosexual	296	54.8%	148	54.6%
Bisexual	17	3.1%	6	2.2%
Lesbian, gay or homosexual	18	3.3%	8	3.0%
Something else, please describe	7	1.3%	5	1.8%
Do Not Know	25	4.6%	8	3.0%
Chose Not To Disclose	93	17.2%	54	19.9%
Unknown/Not Reported	84	15.6%	42	15.5%
Race				

American Indian/Alaskan Native	12	2.2%	8	3.0%
Asian/Pacific Islander	42	7.8%	16	5.9%
Black/African-American	136	25.2%	62	22.9%
Mutl-Ethnic	36	6.7%	9	3.3%
Other Race	66	12.2%	35	12.9%
Unknown/Not Reported	24	4.4%	8	3.0%
White/Caucasian	224	41.5%	133	49.1%
Primary Language				
English	514	95.2%	256	94.5%
Spanish	8	1.5%	4	1.5%
Arabic	1	0.2%	1	0.4%
Cantonese		0.0%	1	0.4%
Farsi	2	0.4%	1	0.4%
Hmong	1	0.2%	1	0.4%
Lao	1	0.2%	1	0.4%
Mandarin	1	0.2%	0	0.0%
Other Non-English	1	0.2%	0	0.0%
Russian	3	0.6%	4	1.5%
Unknown / Not Reported	6	1.1%	0	0.0%
Vietnamese	2	0.4%	2	0.7%

Source: Sacramento County Behavioral Health Services

Mental Health Urgent Care Center (MHUCC)

The Mental Health Urgent Care Center (MHUCC) was funded by the Mental Health Services Act (MHSA) and SB 82 Mental Health Wellness Grant, and is contracted with Turning Point Community Programs. It provides services 24 hours per day / 7 days per week on a voluntary basis, including walk-ins during open hours of operation, to Sacramento County residents who are experiencing a mental health and/or co-occurring substance abuse crisis, regardless of ability to pay. A psychiatrist is on site between the hours of 8am and 12am, with last medication assessment at 10am; however, access to a psychiatrist when needed and indicated to ameliorate the crisis is available 24/7. The MHUCC have access to a psychiatrist when needed and indicated to ameliorate the crisis 24/7 is an alternative to emergency departments for those in crisis or experiencing an urgent mental health need and seeking mental health care. Services provided include: psychiatric medication evaluation (excluding controlled substances), integrated co-occurring mental health and substance abuse crisis assessment, crisis intervention and

problem solving to avoid the need for inpatient hospitalization, referral and linkage to ongoing services and community supports, and peer and family support.[10]

Figure 22: MHUCC Admissions Demographics for FY 2022-23

Fiscal Year 2022/2023 MHUCC Admissions Demographics		
Age Group	**#**	**% (N=4646 Unduplicated Admits)**
0-17	563	12%
18-25	831	18%
26-59	2986	64%
60+	266	6%
Average Age	34	5-91
Gender		
Female	2379	51%
Male	2264	49%
Unknown/Not Reported	3	0%
Ethnicity		
Latinx	1109	24%
Non-Latinx	2816	61%
Unknown/Not Reported	721	16%
Race		
African-American/Black	908	20%
American Indian/Alaskan Native	52	1%
Asian/Pacific Islander	551	12%
Caucasian/White	1713	37%
Multi-Ethnic	361	8%
Other	368	8%
Unknown/Not Reported	693	15%
Primary Language		
American Sign Language (ASL)	1	0%
Arabic	9	0%
English	4323	93%
Other Non-English	96	2%
Russian	26	1%
Spanish	112	2%
Vietnamese	17	0%
Unknown/Not Reported	62	1%
Living Situation		
Homeless	644	14%
House/Apartment	3338	72%
Other	404	9%
Unknown/Not Reported	260	6%

[10] https://www.tpcp.org/program/urgent-care/

Primary Diagnosis Category	With Assessment / Medication Service	No Assessment / Medication Service	Total #	Total % (N=4646 Unduplicated Admits)
Adjustment Disorders	125	19	144	3.1%
Anxiety Disorders	981	166	1147	24.7%
Bipolar Disorders	664	75	739	15.9%
Depressive Disorders	939	115	1054	22.7%
Disruptive Disorders	41	4	45	1.0%
Other Disorders	416	61	477	10.3%
Psychotic Disorders	950	90	1040	22.4%
Sleep Disorders	0	0	0	0.0%
Substance Use Disorders	0	0	0	0.0%
No Primary Diagnosis	0	0	0	0.0%
Secondary Substance Use				
Alcohol	176	26	202	4.3%
Cannabis	186	26	212	4.6%
Cocaine	12	2	14	0.3%
Hallucinogen	0	0	0	0.0%
Opioids	43	6	49	1.1%
Other Psychoactive Substance	34	2	36	0.8%
Other Stimulant	321	15	336	7.2%
Sedative, Hypnotic	1	0	1	0.0%
Tobacco	25	1	26	0.6%
No Secondary substance Use/Abuse Dx	3597	173	3770	81.1%

Source: Sacramento County Division of Behavioral Health Services

Community Wellness Response Team (CWRT)

The Community Wellness Response Team (CWRT) was funded in 2022 as a response to the community demand for an alternative to law enforcement in emergency situations. Formerly known as the Wellness Crisis Call Center and Response Team (WCCCRT), its Program Description follows in Figure 16 below:

Figure 23: Division of Behavioral Health – Community Wellness Response Team Program Description

Division of Behavioral Health
Wellness Crisis Call Center and Response Team
PROGRAM DESCRIPTION[11]

Sacramento's Behavioral Health Services (BHS) includes services that meet the cultural, ethnic and language needs of the community and promotes health and wellness; resilience, wellbeing, and healing from traumatic experiences; prevention, support, and treatment for mental health

[11] https://dhs.saccounty.gov/BHS/SiteAssets/Pages/Community-Wellness-Response-Team/CWRT%20Program%20Description%20-%20Final%20Updated%206.12.23.pdf

and/or substance use challenges; and support of those who experience and/or are in recovery from these conditions, along with their families and communities.

Program Summary:

The Wellness Crisis Call Center and Response Team (WCCCRT) receives calls from community members requesting behavioral health services or when they are experiencing a mental health crisis. Clinicians and staff with lived experience can be dispatched to respond immediately to locations throughout the County. These Call Center and Response Teams staff provide immediate, 24/7 crisis intervention and deescalation services, assess needs and risks, and create safety plans. This includes identifying and leveraging individual strengths and natural supports; coordinating with existing Mental Health Plan (MHP) and Substance Use Prevention and Treatment (SUPT) providers as appropriate; linking to services; voluntary transport to urgent/emergency resources and accessing alternate response teams or emergency responders when necessary.

WCCCRT Goals:

- Safely de-escalate crises
- Provide linkages to accessible culturally responsive behavioral health resources to decrease repeat crises and emergency department visits
- Offer a response team that meets the cultural, ethnic and language needs of the community and does not include law enforcement staffing
- Ensure the model is community-based
- Decrease criminalization of mental health and homelessness

Source: Sacramento County Division of Behavioral Health Services

The CWRT program launched on March 13, 2023 with availability for service limited to Monday through Friday 9:00am to 3:30pm. In November 2023, hours of CWRT operation expanded to Monday through Friday 8:00am to 6:30pm and Saturdays and Sundays 8:00am to 2:00pm by partnering with contracted provider Bay Area Community Services (BACS).

<u>CWRT Program Outcomes from March to December 2023:</u>

- Responded to a total of 144 calls
- 19% (28) of those calls were de-escalated over the phone, without mobile response
- 80% (93 of 116) of mobile responses were resolved within the community without emergency medical, emergency psychiatric, or law enforcement involvement
- Clients served ranged in age from 11 to 85 years old
- 49% (52 of 107) of clients who reported race were white
- 54% (59 of 110) of those whom reported gender were male
- 96% (138) of clients reported their housing status as housed

Source: Sacramento County Behavioral Health Services

Mobile Crisis Support Team (MCST)

The Sacramento County Mobile Crisis Support Team is a collaboration between BHS and law enforcement system partners to respond together to emergency calls for individuals experiencing a mental health crisis. Its hours of operation in CY 2023 were Monday through Thursday, or Tuesday through Friday, from 8:30am to 7:00pm, with days available varying depending on the law enforcement agency. For example, Galt Police Department and Los Rios Police Department share one unit with two days each.

MCST Program Outcomes for FY 2022-23:

- There were a total of 4,085 encounters with MCST clients
- 43% (1,728) of total encounters were crisis related.
- Of the 1,728 crisis-related encounters, 85.8% (1,483) were diverted from 5150 applications.
- 13% of 5150 applications (31 of 245) resulted in psychiatric hospitalization
- Clients served ranged in age from 2 to 96 years old
- 42% (621) of clients served were white
- 51% (753) of clients served were female
- 85% (1,253) of clients reported their housing status as housed

Source: Sacramento County Behavioral Health Services

Recommendation**:**

Behavioral Health Services should take steps to improve data gathering and follow up relative to age, gender, gender identity, sexual orientation, race, ethnicity, and primary language relating to its clients at the crisis service locations and mobile behavioral health crisis response programs identified above, in order to improve such services to underserved population groups.

- Although the Mental Health Plan (MHP) has a crisis, warm-line, and suicide prevention hotline numbers, they are difficult to quickly locate on the MHP website and the website itself is not easy to maneuver. – from EQRO[12]

[12]https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/Sacramento%20MHP%20EQRO%20Final%20Report%20FY%202022-23.pdf

Capacity of Services

Sacramento County employs Mental Health Counselors and Senior Mental Health Counselors in existing behavioral health programs such as the Intake Stabilization Unit (ISU) of the Mental Health Treatment Center, the Mobile Crisis Support Team, and the Community Wellness Response Team. Additionally, Mental Health Counselors and Senior Mental Health Counselors are employed in Sacramento County Probation Department's Adult Day Reporting Centers.

In March 2023, Behavioral Health Services had 25 permanent Mental Health Counselor positions vacant, which translates to a 42% vacancy rate for Mental Health Counselors. Additionally, BHS also had 47 permanent Senior Mental Health Counselor positions vacant, which translates to a 33% vacancy rate for Senior Mental Health Counselors. As of December 31, 2023, BHS had 24 permanent Mental Health Counselor positions vacant, which translates to a 36% vacancy rate for Mental Health Counselors. Additionally, BHS also had 37 permanent Senior Mental Health Counselor positions vacant, which translates to a 27% vacancy rate for Senior Mental Health Counselors.

The vacancies for mental health counselors and senior mental health counselors are concentrated in a majority of Behavioral Health Services programs that are utilized for acute and crisis levels of care, such as the Mental Health Treatment Center, the Mobile Crisis Support Team, the Community Wellness Response Team, and the Adult Day Reporting Centers. These programs are also part of Sacramento County's Jail Population Reduction Plans, approved by the Sacramento County Board of Supervisors on December 7, 2022 in response to Mays Consent Decree requirements.

As of December 31, 2023, the Sacramento Mental Health Treatment Center's Intake Stabilization Unit and Psychiatric Health Facility had a 0% vacancy rate for mental health counselors and a 15% vacancy rate for senior mental health counselors. The Community Wellness Response Team had a 64% vacancy rate for mental health counselors and 100% vacancy rate for Senior Mental Health Counselors. The Adult Day Reporting Center had a 20% vacancy rate, and the Assisted Outpatient Treatment Program had a 67% vacancy rate for these positions. Likewise, the Mobile Crisis Support Team had a 55% vacancy rate for mental health counselors and senior mental health counselors, and the Court Assessment Team had a 50% vacancy rate for mental health counselors and senior mental health counselors.

Figure 24: Behavioral Health Services Vacancy Rate for Mental Health Counselor and Senior Mental Health Counselor Positions in Acute and Crisis Level Care Programs as of 12/31/2023

	Total FTE Perm	Total Vacant FTE Perm	Vacancy Rate (%) Perm
28146-MHC	67	24	36%
28147-SMHC	137	37	27%
Total	204	61	30%
Sacramento County Mental Health Treatment Center's Intake Stabilization Unit and the Psychiatric Health Facility vacancies			
28146-MHC	12	0	0%
28147-SMHC	13	2	15%
Total	25	2	8%
Community Wellness Response Team vacancies			
28146-MHC	25	16	64%
28147-SMHC	5	5	100%
Total	30	21	70%
Mobile Crisis Support Team vacancies			
28146-MHC	0	0	0%
28147-SMHC	11	6	55%
Total	11	6	55%
Adult Day Reporting Centers vacancies			
28146-MHC	0	0	0%
28147-SMHC	5	1	20%
Total	5	1	20%
Assisted Outpatient Treatment Program vacancies			
28146-MHC	1	1	100%
28147-SMHC	2	1	100%
Total	3	2	67%
Court Assessment Team			
28146-MHC	2	1	50%
28147-SMHC	6	3	50%
Total	8	4	50%

Source: Sacramento County Behavioral Health Services

The vacancies described above diminish capacity of services, especially in those programs intended to provide mobile crisis response to behavioral health crises (Community Wellness Response Team; Mobile Crisis Support Team) and providing eligibility assessments for individuals interacting with the justice system. In addition to diminished capacity, these vacancies can also negatively impact staff demographic compatibility with the beneficiaries served.

Creative solutions by private sector organizations to address the behavioral health workforce crisis include more flexibility for remote work, paid time off systems, and four day work weeks. In states where the cost of living is high, salaries play a significant role in decision-making. Behavioral health professionals are being recruited by private organizations offering higher pay and flexible work schedules, both of which promote greater mental health for its workers. These positions are attractive because the financial compensation offered is at a level reflecting their demand within the behavioral health care system. For example, the starting hourly wage for a licensed mental health professional with Kaiser Permanente in Northern California is $52.87. Additionally, the starting hourly wage for a non-licensed, Master's level mental health professional with Kaiser Permanente in Northern California is $44.75. Comparatively, Behavioral Health Services offers $45.71 per hour for the senior mental health counselor position and $36.86 for the mental health counselor position, differences of between $7 and $8 per hour.

Capacity was discussed within the External Quality Review Organization (EQRO)[13] Final Report for Sacramento County Mental Health Plan for FY 2022-23[14]: "Staff retention and limited hiring remain a strain on the system both within the MHP and contract agencies. Although the MHP was able to work within their HR department to increase wages to become more competitive, it still faces a challenging job market and competition for employees." Additionally, "Although the MHP has a centralized system to track and coordinate referrals, hiring challenges and turnover affect the ability for new staff to identify the appropriate Contractor to send the referral." This is an increasing trend from the FY 2019-20 report where it was noted that the "MHP continues to lack program capacity to service beneficiary demand for services."

Recommendation:

The Board of Supervisors should work to increase the funding of the Division of Behavioral Health Services so it has greater capacity to provide services by:

[13] The EQRO conducts reviews of MHPs to analyze and evaluate information related to quality, timeliness, and access to SMHS provided by California's 56 MHPs and/or their subcontractors to Medi-Cal beneficiaries. California EQRO for the Medi-Cal SMHS Program is Behavioral Health Concepts (BHC), Inc.

[14] https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/Sacramento%20MHP%20EQRO%20Final%20Report%20FY%202022-23.pdf

- Maximizing the allocation of County General Funds to the Division of Behavioral Health Services.
- Working through its lobbyist and the California State Association of Counties to advocate for more funding for community behavioral health services in the state budget, including realignment funds and Medi-Cal.
- Approving additional compensation for Mental Health Counselors and Senior Mental Health Counselors to be more competitive with the private sector and reduce the vacancy rate.

Penetration Rates

The penetration rate is the percentage of Medi-Cal beneficiaries utilizing services out of the total number of Medi-Cal eligible beneficiaries. Penetration rates for CY 2021 and 2022 and CY 2020 and 2021 are shown in Tables 4 and 5 below.

Table 8: Sacramento County Mental Health Plan Penetration Rates CY 2021, CY 2022

Penetration Rates - Sacramento County MHP												
Penetration Rates		Calendar Year 2021					Calendar Year 2022					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			Percent Change
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	64,795	10.9%	782	2.9%	1.2%	65,607	10.3%	595	2.3%	0.9%	-25.0%
	6 to 17	139,618	23.5%	8,091	30.5%	5.8%	147,093	23.2%	7,496	29.6%	5.1%	-12.1%
	18 to 59	308,422	52.0%	15,280	57.6%	5.0%	336,063	52.9%	14,836	58.6%	4.4%	-12.0%
	60+	80,087	13.5%	2,395	9.0%	3.0%	86,147	13.6%	2,398	9.5%	2.8%	-6.7%
	Total	592,922	100.0%	26,548	100.0%	4.5%	634,910	100.0%	25,325	100.0%	4.0%	-11.1%
		N	%	N	%	%	N	%	N	%	%	%
Gender	Female	312,661	52.7%	14,223	53.6%	4.5%	333,193	52.5%	13,431	53.0%	4.0%	-11.1%
	Male	280,260	47.3%	12,316	46.4%	4.4%	301,716	47.5%	11,888	46.9%	3.9%	-11.4%
	Unknown	1	0.0%	9	0.0%	N/A	0	0.0%	6	0.0%	N/A	
	Total	592,922	100.0%	26,548	100.0%	4.5%	634,909	100.0%	25,325	100.0%	4.0%	-11.1%
		N	%	N	%	%	N	%	N	%	%	%
Race	White	125,072	21.1%	7,926	29.9%	6.3%	127,384	20.1%	7,491	29.6%	5.9%	-6.3%
	Hispanic	129,839	21.9%	6,176	23.3%	4.8%	135,960	21.4%	6,027	23.8%	4.4%	-8.3%
	African Am	80,207	13.5%	6,197	23.3%	7.7%	81,429	12.8%	5,910	23.3%	7.3%	-5.2%
	Asian/Pacif	77,156	13.0%	1,838	6.9%	2.4%	79,867	12.6%	1,777	7.0%	2.2%	-8.3%
	American Ir	3,604	0.6%	251	0.9%	7.0%	3,572	0.6%	220	0.9%	6.2%	-11.4%
	Other	177,044	29.9%	4,160	15.7%	2.3%	206,699	32.6%	3,900	15.4%	1.9%	-17.4%
	Total	592,922	100.0%	26,548	100.0%	4.5%	634,911	100.0%	25,325	100.0%	4.0%	-11.1%

Source: Sacramento County Behavioral Health Services

Table 9: Penetration Rates CY 2020, CY 2021

Medi-Cal Eligible Beneficiaries – EQRO claims data
MHP Medi-Cal Beneficiaries – Sacramento County Behavioral Health Electronic Health Record data

Penetration Rates		Calendar Year 2020					Calendar Year 2021					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			**Percent Change**
		N	**%**	**N**	**%**	**%**	**N**	**%**	**N**	**%**	**%**	**%**
Age Group	0 to 5	65,377	11.9%	820	3.1%	1.3%	64,795	10.9%	782	2.9%	1.2%	**-7.7%**
	6 to 17	131,913	24.0%	7,981	30.6%	6.1%	139,618	23.5%	8,091	30.5%	5.8%	**-4.9%**
	18 to 59	276,864	50.5%	14,915	57.3%	5.4%	308,422	52.0%	15,280	57.6%	5.0%	**-7.4%**
	60+	74,604	13.6%	2,334	9.0%	3.1%	80,087	13.5%	2,395	9.0%	3.0%	**-3.2%**
	Total	548,758	100.0%	26,050	100.0%	4.7%	592,922	100.0%	26,548	100.0%	4.5%	**-4.2%**
		N	**%**	**N**	**%**	**%**	**N**	**%**	**N**	**%**	**%**	
Gender	Female	290,456	52.9%	13,626	52.3%	4.7%	312,661	52.7%	14,223	53.6%	4.5%	**-4.2%**
	Male	258,301	47.1%	12,415	47.7%	4.8%	280,260	47.3%	12,316	46.4%	4.4%	**-8.3%**
	Unknown	1	0.0%	9	0.0%	N/A	1	0.0%	9	0.0%	N/A	**N/A**
	Total	548,758	100.0%	26,050	100.0%	4.7%	592,922	100.0%	26,548	100.0%	4.5%	**-4.2%**
		N	**%**	**N**	**%**	**%**	**N**	**%**	**N**	**%**	**%**	
Race	White	120,308	21.9%	8,109	31.1%	6.7%	125,072	21.1%	7,926	29.9%	6.3%	**-5.9%**
	African American	77,773	14.2%	5,882	22.6%	7.6%	80,207	13.5%	6,197	23.3%	7.7%	**1.3%**
	American Indian/Alaskan Native	3,492	0.6%	265	1.0%	7.6%	3,604	0.6%	251	0.9%	7.0%	**-7.9%**
	Asian/Pacific Islander	73,132	13.3%	1,739	6.7%	2.4%	77,156	13.0%	1,838	6.9%	2.4%	**0.0%**
	Other	152,654	27.8%	4,354	16.7%	2.9%	177,044	29.9%	4,160	15.7%	2.3%	**-20.7%**
	Hispanic	121,399	22.1%	5,701	21.9%	4.7%	129,839	21.9%	6,176	23.3%	4.8%	**2.1%**
	Total	548,758	100.0%	26,050	100.0%	4.7%	592,922	100.0%	26,548	100.0%	4.5%	**-4.3%**

Overall penetration rates decreased between CY 2021 and 2022, with some variation among racial groups. Penetration rates decreased by 25% among ages 0-5, which is particularly significant in that the decrease in penetration rate exceeded 20%. Penetration rates decreased by 12% among ages 6-17 and 18-59. Penetration rates for clients who identify as belonging to Other racial group decreased over 17%. Also, penetration rates for client who identify as American Indian decreased over 11%. Penetration rates decreased by over 8% for both clients who identify as Asian/Pacific Islander as well as clients who identify as Hispanic.

The recommendation made in the Sacramento County Mental Health Board's Performance of the Sacramento County Mental Health System Report for CY 2022 was that Behavioral Health Services should investigate the causes of the decrease in penetration rate for clients who identify as belonging to Other racial groups, as the great disparity between the latter penetration rate and the penetration rates for all other groups reflects the critical need for focus on clients identifying in the Other racial group.

> **Recommendation**: Behavioral Health Services should investigate the cause of the decrease in penetration rate for clients ages 0-5. Additionally, Behavioral Health Services should investigate the causes of the decrease in penetration rate for clients who identify as belonging to Other racial groups. Sacramento County residents that identify as Some Other Race or 2+ Races composes over 26% of the total population for Sacramento County. The great disparity between the latter penetration rate and the penetration rates for all other groups reflects the critical need for focus on clients identifying in the Other racial group. This recommendation was also made in the Sacramento County Mental Health Board's Performance Report for CY 2022. Targeted outreach to all groups with moderate to significant decreases should be considered. Behavioral Health Services should add and maintain penetration rate data relating to primary language.

Retention Rates

There is relative consistency in retention rates across most race, age, and sex groups, with two notable exceptions. Persons of unknown or unreported race have a retention rate for greater than 15 services that is at least 50% lower than almost all defined racial groups. This trend reappears when primary language is unknown or unreported, by 30% to 40% lower than almost all specified languages. There are two other primary language groups with a significantly lower retention rate, by 10% to 20%, for greater than 15 services: Farsi and Other Non-English.

Retention rates for FY 2022-23 are shown in Table 6 below.

Table 10: Retention of Those Served by the Sacramento County Mental Health Plan for FY 2022-23

Sacramento County Mental Health Plan Retention - FY 22/23														
Characteristics		Total Served	1 Service		2 Services		3 Services		4 Services		5 to 15 Services		>15 Services	
		N	N	%	N	%	N	%	N	%	N	%	N	%
Race/Ethnicity (0-17)	Asian/Pacific Islander	366	45	12.3%	26	7.1%	18	4.9%	15	4.1%	88	24.0%	174	47.5%
	Black/African American	1,896	234	12.3%	122	6.4%	81	4.3%	52	2.7%	498	26.3%	909	47.9%
	Latino/Hispanic	2,059	166	8.1%	94	4.6%	78	3.8%	75	3.6%	516	25.1%	1,130	54.9%
	American Indian/Alaskan Native	74	9	12.2%	2	2.7%	5	6.8%	2	2.7%	18	24.3%	38	51.4%
	White/Caucasian	2,224	219	9.8%	123	5.5%	95	4.3%	59	2.7%	496	22.3%	1,232	55.4%
	Other Race	720	69	9.6%	31	4.3%	19	2.6%	26	3.6%	184	25.6%	391	54.3%
	Unknown/Not Reported	1,285	324	25.2%	195	15.2%	89	6.9%	56	4.4%	290	22.6%	331	25.8%
Race/Ethnicity (18+)	Asian/Pacific Islander	1,413	270	19.1%	138	9.8%	77	5.4%	71	5.0%	384	27.2%	473	33.5%
	Black/African American	3,993	864	21.6%	378	9.5%	282	7.1%	197	4.9%	1,044	26.1%	1,228	30.8%
	Latino/Hispanic	2,057	489	23.8%	196	9.5%	127	6.2%	106	5.2%	559	27.2%	580	28.2%
	American Indian/Alaskan Native	257	63	24.5%	29	11.3%	19	7.4%	7	2.7%	61	23.7%	78	30.4%
	White/Caucasian	6,101	1,405	23.0%	606	9.9%	390	6.4%	314	5.1%	1,547	25.4%	1,839	30.1%
	Other Race	1,014	228	22.5%	101	10.0%	72	7.1%	54	5.3%	280	27.6%	279	27.5%
	Unknown/Not Reported	1,899	858	45.2%	310	16.3%	150	7.9%	110	5.8%	306	16.1%	165	8.7%
Age	0-17	8,624	1,066	12.4%	593	6.9%	385	4.5%	285	3.3%	2,090	24.2%	4,205	48.8%
	18+	16,734	4,177	25.0%	1,758	10.5%	1,117	6.7%	859	5.1%	4,181	25.0%	4,642	27.7%
Sex	Male	12,165	2,638	21.7%	1,139	9.4%	711	5.8%	542	4.5%	2,891	23.8%	4,244	34.9%
	Female	13,157	2,588	19.7%	1,198	9.1%	791	6.0%	599	4.6%	3,379	25.7%	4,602	35.0%
	Unknown	36	17	47.2%	14	38.9%	0	0.0%	3	8.3%	1	2.8%	1	2.8%
Primary Language	English	22,335	4,527	20.3%	1,987	8.9%	1,311	5.9%	992	4.4%	5,536	24.8%	7,982	35.7%
	Spanish	1,185	166	14.0%	77	6.5%	64	5.4%	47	4.0%	330	27.8%	501	42.3%
	Russian	200	24	12.0%	13	6.5%	11	5.5%	20	10.0%	61	30.5%	71	35.5%
	Hmong	167	13	7.8%	8	4.8%	4	2.4%	9	5.4%	64	38.3%	69	41.3%
	Vietnamese	99	12	12.1%	10	10.1%	3	3.0%	7	7.1%	31	31.3%	36	36.4%
	Cantonese	55	6	10.9%	6	10.9%	3	5.5%	0	0.0%	8	14.5%	32	58.2%
	Arabic	79	10	12.7%	7	8.9%	7	8.9%	3	3.8%	28	35.4%	24	30.4%
	Farsi	64	15	23.4%	6	9.4%	4	6.3%	3	4.7%	23	35.9%	13	20.3%
	Other Non-English	318	52	16.4%	33	10.4%	23	7.2%	12	3.8%	102	32.1%	96	30.2%
	Unknown/Not Reported	856	418	48.8%	204	23.8%	72	8.4%	51	6.0%	88	10.3%	23	2.7%
	TOTAL	25,358	5,243	20.7%	2,351	9.3%	1,502	5.9%	1,144	4.5%	6,271	24.7%	8,847	34.9%

Source: Sacramento County Behavioral Health Services

For comparison purposes, retention rates for FY 2021-2022 are shown in Table 7 below.

Table 11: Retention of Those Served by the Sacramento County Mental Health Plan for FY 2021-22

Sacramento County Mental Health Plan Retention - FY 21/22														
FY 20/21		Total Served	1 Service		2 Services		3 Services		4 Services		5 to 15 Services		>15 Services	
			N	%	N	%	N	%	N	%	N	%	N	%
Race (0-17.9)	API	399	56	14.0	17	4.3	15	3.8	21	5.3	115	28.8	175	43.9
	Black	1,847	223	12.1	95	5.1	88	4.8	73	4.0	496	26.9	872	47.2
	Hispanic	3,101	303	9.8	137	4.4	88	2.8	104	3.4	840	27.1	1629	52.5
	Nat-Amer	58	11	19.0	5	8.6	2	3.4	2	3.4	11	19.0	27	46.6
	White	1,899	162	8.5	96	5.1	52	2.7	61	3.2	486	25.6	1042	54.9
	Other	771	75	9.7	36	4.7	28	3.6	21	2.7	221	28.7	390	50.6
	Unk/NR	951	255	26.8	55	5.8	41	4.3	29	3.0	243	25.6	328	34.5
Race (≥18)	API	1,445	160	11.1	72	5.0	54	3.7	43	3.0	530	36.7	586	40.6
	Black	3,787	594	15.7	275	7.3	192	5.1	162	4.3	1243	32.8	1320	34.9
	Hispanic	2,825	385	13.6	195	6.9	161	5.7	103	3.6	938	33.2	1042	36.9
	Nat-Amer	152	21	13.8	9	5.9	7	4.6	4	2.6	53	34.9	58	38.2
	White	5,496	831	15.1	389	7.1	257	4.7	205	3.7	1719	31.3	2095	38.1
	Other	1,001	169	16.9	77	7.7	44	4.4	42	4.2	346	34.6	323	32.3
	Unk/NR	1,161	507	43.7	120	10.3	80	6.9	53	4.6	234	20.2	167	14.4
Age	0-17.9	9,026	1085	12.0	441	4.9	314	3.5	311	3.4	2,412	26.7	4,463	49.4
	≥ 18	15,867	2,667	16.8	1139	7.2	795	5.0	612	3.9	5,063	31.9	5,591	35.2
Sex	Male	11496	1802	15.7	743	6.5	535	4.7	442	3.8	3303	28.7	4671	40.6
	Female	13392	1948	14.5	837	6.3	572	4.3	481	3.6	4171	31.1	5383	40.2
	Unk/NR	5	2	40.0	0	0.0	2	40.0	0	0.0	1	20.0	0	0.0
Language	English	22,215	3,339	15.0	1,438	6.5	1010	4.5	847	3.8	6,570	29.6	9,011	40.6
	Spanish	1256	155	12.3	70	5.6	48	3.8	37	2.9	400	31.8	546	43.5
	Russian	211	14	6.6	6	2.8	5	2.4	3	1.4	91	43.1	92	43.6
	Hmong	205	15	7.3	1	0.5	6	2.9	4	2.0	75	36.6	104	50.7
	Vietnamese	143	12	8.4	5	3.5	7	4.9	8	5.6	50	35.0	61	42.7
	Cantonese	59	5	8.5	3	5.1	2	3.4	1	1.7	18	30.5	30	50.8
	Arabic	100	11	11.0	3	3.0	6	6.0	1	1.0	48	48.0	31	31.0
	Other	416	50	12.0	26	6.3	11	2.6	10	2.4	175	42.1	144	34.6
	Unk/NR	288	151	52.4	28	9.7	14	4.9	12	4.2	48	16.7	35	12.2
TOTAL		**24,893**	**3,752**	**15.1**	**1,580**	**6.3**	**1,109**	**4.5**	**923**	**3.7**	**7,475**	**30.0**	**10,054**	**40.4**

Source: Sacramento County Behavioral Health Services

Recommendation:

Behavioral Health Services should take steps to improve data gathering and follow up relative to age, gender, sexual orientation, ethnicity, race, and primary language relating to retention, especially for greater than 15 services. Because persons of unknown or unreported race have a retention rate for greater than 15 services that is at least 50% lower than almost all defined racial groups, BHS should investigate the causes of the disparity. In addition, Behavioral Health Services should investigate the causes of the disparity in retention rate for clients whose primary language is Farsi or Other, and then implement changes aimed at improving their retention. Additionally, BHS should disaggregate age data to see if there are significant differences in those served that are 0-4 years, 5-9 years, 10-14 years, 15-17 years, 18-24 years, 25-44 years, 45-64 years, and 65+ years of age.

Human Resources

As stated in the 2023 Sacramento County Mental Health Human Resources Survey, counties are required to collect demographic information and language capabilities of staff, volunteers, and any committee members who participate in serving individuals throughout the entire County Mental Health System. The purpose of the survey was to assess demographic and linguistic information for those who provide services in the county to determine whether they are reflective of the diversity of the community as a whole. Following the survey, additional data was gathered comparing direct service staff to Medi-Cal beneficiary clients served in the Mental Health Plan relating to gender, sexual orientation, race, and primary language for FY 2023, the results of which are shown below:

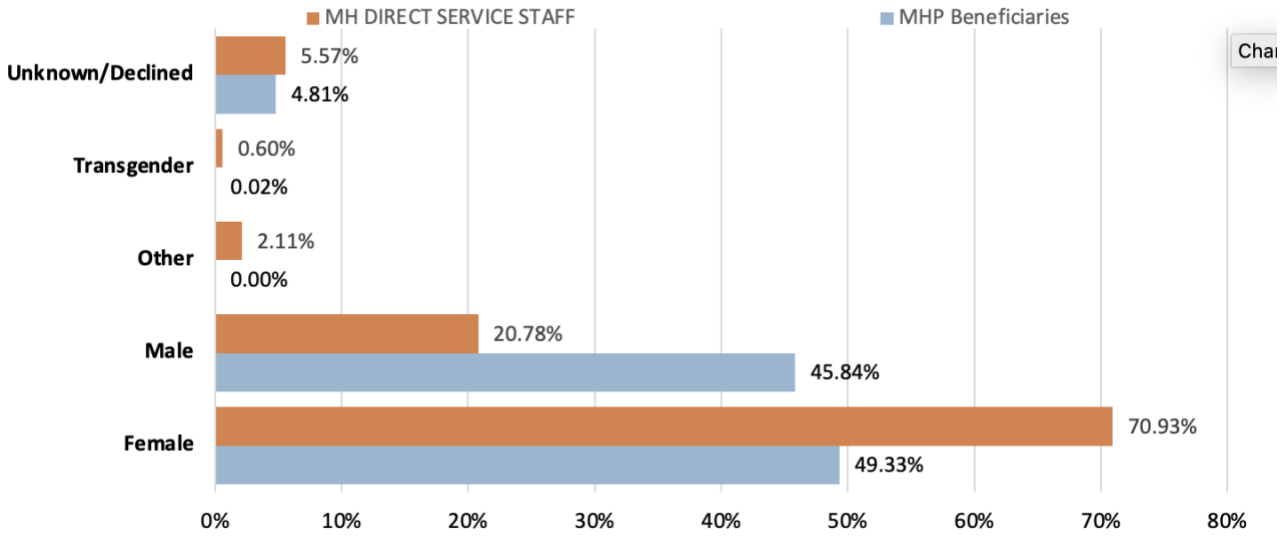
Direct Services Staff Compared to Clients Served in the Mental Health Plan (MHP)

The data below compares direct service staff gender and race with the gender and race of Medi-Cal beneficiaries served in the MHP during Fiscal Year 2023. Note: Not all demographics collected on the HR survey are comparable to the clients served, due to the way in which the data was collected.

Gender

“A comparison of staff and MHP beneficiaries’ genders found that females are overrepresented among direct mental health service providers (70.93%) when compared to that of beneficiaries (49.33%). Alternatively, only 20.78% of direct services staff identify as male, and when compared to the 45.84% of male MHP beneficiaries, it is clear males are underrepresented in the staff category. The presence of individuals declining to specify their gender identity is similar, with 5.57% among direct services staff and 4.81% among beneficiaries. Similarly, the transgender and "Other" categories are present in both staff and beneficiaries, but their proportions are minimal, indicating a consistent trend of smaller representation.”

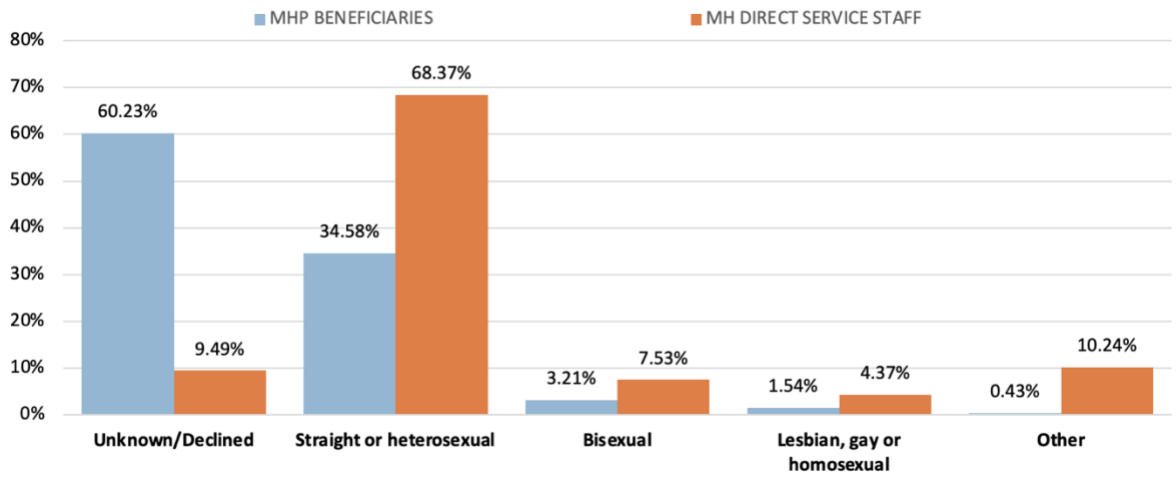
Figure 25: Direct Service Staff Compared to Medi-Cal MHP Beneficiaries - Gender



Sexual Orientation

"The most notable difference when comparing staff and MHP beneficiary sexual orientation is that many MHP beneficiaries (60.23%) chose to not report their sexual orientation at all, compared to 9.49% of direct mental health service staff. Heterosexual/Straight individuals are the predominant sexual orientation reported by both staff (68.37%) and MHP beneficiaries (34.58%). Staff were overrepresented in the remaining sexual orientation categories, which include Bisexual (7.53% staff, 3.21% beneficiaries), Lesbian, Gay, or Homosexual (4.37% staff, 1.54% beneficiaries), and Other (10.24% staff, 0.43% beneficiaries)."

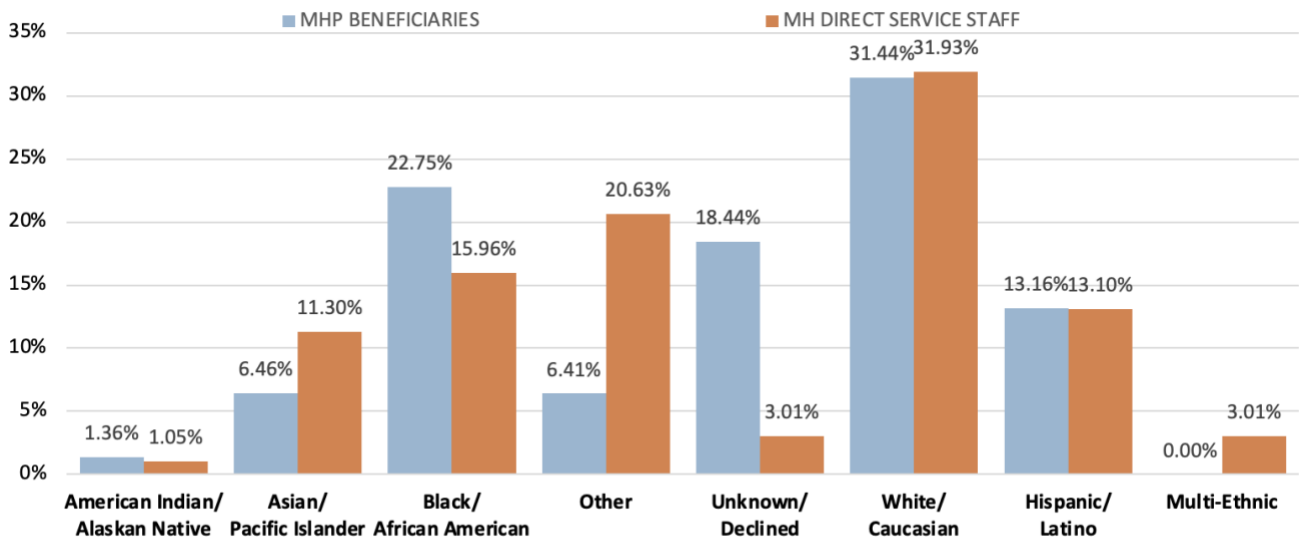
Figure 26: Direct Services Staff Compared to Medi-Cal MHP Beneficiaries – Sexual Orientation



Race

"A comparison of the racial makeup of staff members who provide direct mental health services and MHP beneficiaries highlights the prominence of various racial groups and emphasizes the importance of recognizing and respecting diverse racial identities. White/Caucasian individuals are the most prevalent racial group both among direct services staff (31.93%) and beneficiaries (31.44%). Asian/Pacific Islander individuals are slightly overrepresented among staff (11.30%) when compared to beneficiaries (6.46%). Hispanic/Latino individuals were similarly represented among direct service staff (13.10%) and beneficiaries 13.16% of beneficiaries who reported their race. Multi-Ethnic individuals are well-represented among direct service staff (3.01%) but could not be compared to that of MHP beneficiaries, as the options was not selected by any MHP beneficiaries. Notably, Black/African American direct service staff members are overrepresented (20.63%) when compared to Black/African American MHP beneficiaries (22.75%). Similarly, direct service staff are underrepresented in the "Other Race" category (6.41%) when compared to MHP beneficiaries (6.41%). Lastly, a noteworthy portion of MHP beneficiaries (18.44%) preferred not to disclose their race, compared to only 3.01% of direct service staff."

Figure 27: Direct Services Staff Compared to Medi-Cal MHP Beneficiaries - Race

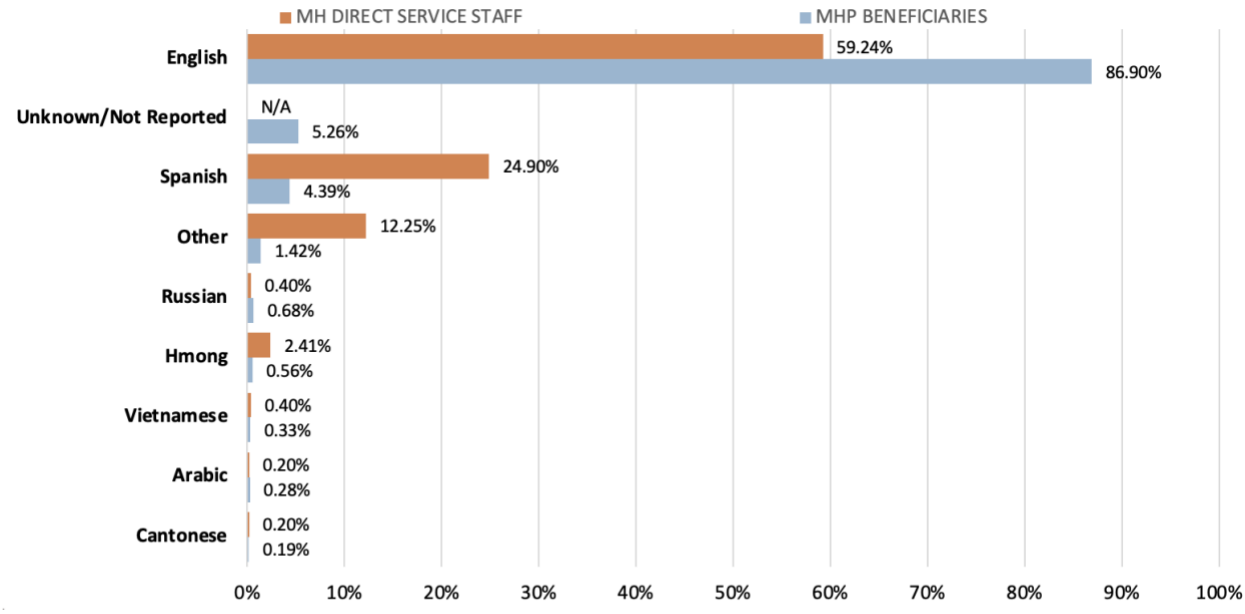


**Hispanic/Latino and Multi-Ethnic were not provided as options for MHP Beneficiaries to choose from.

Language

"English was the most common language both among staff (59.24%) and MHP beneficiaries (86.90%). In total, staff members were significantly more likely to possess the ability to speak a non-English language (40.76%) than beneficiaries (7.85%). Similarly, staff were more likely to report having the ability to speak Spanish (24.90%) than beneficiaries (4.39%). Russian is the only non-English language slightly underrepresented among staff (0.68% beneficiaries, 0.40% staff). Hmong is a smaller yet notable presence among direct service staff (2.41%), especially when compared to MHP beneficiaries who speak the language (0.56%). "Other" languages have a notable presence among staff (12.25%) but are comparatively lower among MHP beneficiaries (1.42%). Cantonese, Arabic, and Vietnamese have relatively consistent proportions between staff and beneficiaries, with minor variations."

Figure 28: Direct Service Staff Compared to Medi-Cal MHP Beneficiaries – Primary Language



*N is lower than other demographics included in this report. The survey used to collect language data was completed by fewer direct mental health service providers (N=498) than the survey used to collect other demographic data (N=664).

Source (Quoted Text & Figures 18-21): Sacramento County Division of Behavioral Health Services Data Analytics Team

Recommendation:

As stated in the Mental Health Board's 2022 Performance Report, in general Behavioral Health Services has a diverse staff in terms of race and language diversity among direct service staff. However, some imbalances still exist when current staffing levels are compared to the Medi-Cal beneficiary population for males, the African American race group, and those whose primary language is Russian. In addition, a little over 60% of Medi-Cal MHP beneficiaries declined to state or otherwise went unreported regarding sexual orientation. Renewing the recommendation made in the 2021 and 2022 Report, Behavioral Health Services should strive in its recruitment efforts to ameliorate the imbalances that exist in its representation of staff by gender, sexual orientation, race, and primary language.