# MARIN BEHAVIORAL HEALTH AND RECOVERY SERVICES Behavioral Health Boards and Commissions Data Notebook Presentation 2022 PRESENTED BY: KATIE SMITH, LMFT UNIT SUPERVISOR, BHRS QUALITY MANAGEMENT Photo Credit: Jeff Wong

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Part 1: Adult Residential Care



- 1. Please identify your County/Local Board or Commission: Marin County
- 2. For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Care Facility (ARF), during the last fiscal year?
  - 72 Individuals
- 3. What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?
  - 21,453 Bed Days
- 4. Unmet needs: how many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?
  - The County does not have an exact number but it has been noted by the residential team that many individuals are in need of this level of care.
- Does your county have any 'Institutions for Mental Disease' (IMD)?a. No
- b. Yes. If Yes, how many IMDs? 1; Canyon Manor in Novato, CA \* not a county owned facility so we have a limited number of beds.

Part 1: Adult Residential Care



6. For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-county: 7 Out-of-county: 55

- 7. What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?
  - 11,137 Bed Days

Part 1: Homelessness: Programs and Services



8. During the most recent fiscal year (2021-2022), what new programs were implemented, or existing programs were expanded, in your county to serve persons who are both homeless and have severe mental illness? (Mark all that apply.)

Emergency Shelter add option for providing support and services in housing
Temporary Housing
Transitional Housing
Housing/Motel Vouchers
Supportive Housing
Safe Parking Lots
Rapid Re-Housing
Adult Residential Care Patch/Subsidy
Other (Please specify)
PHF, Carmelita House, SSA, Project Home Key, Homeward Bound
Independent Living Apartments (Casa Buena)



Part 1: Child Welfare Services: Foster Children in Certain Types of Congregate Care

9. Do you think your county is doing enough to serve the foster children and youth in group care?

a. Yes

b. No. If No, what is your recommendation? Please list or describe briefly.

We are exploring the AB153 crisis continuum pilot to establish a fuller continuum of care for foster youth including crisis residential services, more ITFC homes and other supports to maintain youth in the community. We also have to place most youth out of county when they are determined to need STRTP placement. We also have very few resources for youth in need of substance use treatment, particularly with residential treatment.

10. Has your county received any children needing "group home" level of care from another county?

a. No

b. Yes. If Yes, how many?

Marin County has received on average about 20-22 presumptive transfer youth each year since 2018 when presumptive transfer began. Currently we have approximately 26 PT youth in Marin placed in STRTP.



Part 1: Child Welfare Services: Foster Children in Certain Types of Congregate Care

11. Has your county placed any children needing "group home" level of care into another county?

a. No

b. Yes. If Yes, how many?

Marin County child welfare and juvenile probation have placed a small number of youth outside of Marin under presumptive transfer. On average, we place 6-8 youth per year outside of Marin.



Part 2: Behavioral Health Impacts of COVID-19 Pandemic on Children and Youth

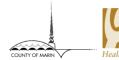
- 12. Please identify the points of stress on your county's system for children and youth behavioral health services during the pandemic (multiple checkboxes; mark all that apply)
- a. Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.
- b. Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.
- c. Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.
- d. Increased Emergency Department admissions of youth for episodes of self-harm and/or suicide attempts.
- e. Increased Emergency Department visits related to misuse of alcohol and drugs among youth.
- f. Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit).
- g. Decreased access/utilization of mental health services for youth.
- h. Other (Please specify).
- i. None of the above.



Part 2: Behavioral Health Impacts of COVID-19 Pandemic on Children and Youth

- 13. Of the previously identified stressors, which are the top three concerns for your county for children and youth services?
  - 1. Increased Emergency Department admissions for episodes of self-harm and suicide attempts among youth.
  - 2. Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.
  - 3. Increased numbers of youth receiving services who reported significant levels of anxiety and/or major depression, with or without severe impairment.
- 14. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, mental health services for children and youth in your county during the Covid-19 pandemic?

During COVID, utilization of mental health services for youth decreased initially for a variety of reasons. There appears to be a delayed impact on youth and we are now seeing a return to robust referrals for youth in distress.





- 15. Please identify the points of stress on your county's system for all adult behavioral health services during the pandemic (multiple checkboxes; mark all that apply).
- a. Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.
- b. Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.
- c. Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.
- d. Increased Emergency Department admissions for episodes of self-harm and suicide attempts among adults.
- e. Increased Emergency Department visits related to misuse of alcohol and drugs among adults.
- f. Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).
- g. Decreased access/utilization of mental health services for adults.
- h. None of the above
- Other (Please specify)



- 16. Of the previously identified stressors, which are the top three concerns for your county for behavioral health needs of all adults during the pandemic? Please select your county's top three points of impact in descending order (matrix of dropdown menus to select answers; i.e., 1, 2, 3)
  - 1. Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).
  - 2. Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.
  - 3. Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.





Part 2: Behavioral Health Impacts of COVID-19 Pandemic on Adults

17. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, behavioral health programs for all adults in your county during the Covid-19 pandemic?

The pandemic increased Medi-Cal beneficiaries seeking MH treatment meant that more people qualified for services in our system of care than previously. This has had ripple effects in to the system of clients with high needs with diagnostic pictures that were different than pre-pandemic-trauma, depression, anxiety, personality disorders

18. Since 2020, has your county increased the use of telehealth for all adult behavioral health therapy and supportive services?

a. Yes b. No

19. Since 2020, has your county increased the use of telehealth for psychiatric medication management for all adults?

<mark>a. Yes</mark>

b. No





Part 2: Behavioral Health Impacts of COVID-19 Pandemic on Adults

20. Does your county have tele-health appointments for evaluation and prescription of medication-assisted treatment (MAT) for substance use disorders?

#### a. Yes.

- b. No.
- c. Not Applicable: if your board does not oversee SUD along with Mental Health.
- 21. Many or most MAT programs rely on in-person visits by necessity in order to get certified to provide these services. [Some of these medications include buprenorphine, methadone, suboxone, emergency use Narcan]. As part of SUD treatment services, are you able to coordinate routine drug testing with clinics near the client?
- a. Yes. If so, how has this been useful in promoting successful outcomes?

We have clients in the clinic at least one or more time a month and obtain monthly u.a. testing from them. Emergency regulations due to COVID PHE allows only 8 urine tests a year per patient, we almost always get 12 or more. Urine tests are generally helpful in guiding patients towards recovery as they are a basis for who gets how many take homes. Under COVID that linkage is no longer in place and urine testing is of more limited value.



- 22. Have any of the following factors impacted your county's ability to provide crisis intervention services? (Check all that apply)
- a. Increase in funding for crisis services
- b. Decrease in funding for crisis services
- c. Issues with staffing and/or scheduling
- d. Difficulty providing services via telehealth
- e. Difficulty implementing Covid safety protocols
- f. Other (please specify)
- g. None of the above
- 23. Did your county experience negative impacts on staffing as a result of the pandemic? Please select your county's top points of impact, all in descending order of importance (matrix of dropdown menus to select answers; i.e., 1, 2, 3, 4, etc.; or enter zero if no significant impact or not applicable)
  - 1. Staff out due to burnout
  - 2. Staff re-directed or re-assigned to support the Covid-19 Teams
  - 3. Staff out to quarantine for self
  - 4. Staff out to care/quarantine due to family member's contracting of Covid-19





- 24. Has your county used any of the following methods to meet staffing needs during the pandemic? (Multiple checkboxes; please mark all that apply)
- a. Utilizing telework practices
- b. Allowing flexible work hours
- c. Bringing back retired staff
- d. Facilitating access to childcare or daycare for workers
- e. Hiring new staff
- f. Increased use of various types of peer support staff and/or volunteers
- g. Other (please specify)
- h. None of the above.





- 25. Consider how the pandemic may have affected your county's ability to reach and serve the behavioral health needs of clients from diverse backgrounds. Has the pandemic adversely affected your county's ability to reach and serve clients and families from the following racial/ethnic communities? (Check all that apply.)
- a. Asian American / Pacific Islander
- b. Black / African American
- c. Latino/ Hispanic
- d. Middle Eastern & North African
- e. Native American/Alaska Native
- f. Two or more races
- g. Other, please specify.
- h. None of the above.

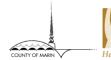




## Part 2: Behavioral Health Impacts of COVID-19 Pandemic on Adults

26. Based on your experience in your county, has the pandemic adversely impacted your county's ability to reach and serve behavioral health clients and families from the following communities and backgrounds? (Check all that apply.)

- a. Children & Youth
- b. Foster Youth
- c. Immigrants & Refugees
- d. LGBTQ+
- e. Homeless individuals
- f. Persons with disabilities
- g. Seniors (65+)
- h. Veterans
- i. Other, please specify.
- j. None of the above.





- 27. Which of the following pandemic-related challenges have presented significant barriers to accessing behavioral health services in your county? (Please check all that apply.)
- a. Difficulty with or inability to utilize telehealth services
- b. Concerns over Covid-19 safety for in-person services
- c, Inadequate staffing to provide services for all clients
- d. Lack of transportation to and from services
- e. Client or family member illness due to Covid-19
- f. Client disability impairs or prevents access
- g. Mistrust of medical and/or government services
- h. Language barriers (including ASL for hard-of-hearing)
- i. Other (please specify).