DATA NOTEBOOK 2024

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS

Prepared by California Behavioral Health Planning Council, in collaboration with:
California Association of Local Behavioral Health Boards/Commissions

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally, and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness and/or substance use disorders.

For general information, you may contact the following email address or telephone number:
DataNotebook@CBHPC.dhcs.ca.gov
(916) 701-8211

Or you may contact us by postal mail at:

Data Notebook
California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413 Sacramento, CA 95899-7413

For questions regarding the SurveyMonkey online survey, please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2024 Data Notebook survey, as well as supplemental information and resources. It is meant as a **reference document only**. Some of the survey items appear differently on the live survey due to the difference in formatting.

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

To complete your 2024 Data Notebook, please use the following link and fill out the survey online by **November 30, 2024**:

https://www.surveymonkey.com/r/MFGJBYT

Table of Contents

CBHPC 2024 Data Notebook: Introduction

What is the Data Notebook? Purpose and Goals

The Data Notebook is a structured format to review information and report on aspects of each county's behavioral health services. A different part of the public behavioral health system is addressed each year, because the overall system is large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local behavioral health boards to complete and submit to the Planning Council. Discussion questions seek input from local boards and their departments. Planning Council staff analyze these responses to create annual reports to inform policy makers and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates[1] to review and comment on their county's performance outcome data, and to communicate their findings to the Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain opinion and thoughts of local board members on specific topics;
- To identify successes, unmet needs and make recommendations.

In 2019, we developed a section of the survey ("Part I") with standard questions that helped us detect any trends in critical areas affecting our most vulnerable populations. These included foster youth, individuals experiencing homelessness, and those with serious mental illness (SMI) who need housing in adult residential facilities (ARFs) and some other settings. These questions assisted in the identification of unmet needs or gaps in services that may occur due to changes in population, resources, or public policy. The Part I questions were used from 2019-2023. In addition to these standardized questions, each Data Notebook focused on a different topic of interest. Survey questions for these topics have been referred to as "Part II."

[1] W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

What's New This Year?

For the 2024 Data Notebook, the Planning Council will no longer include the standardized Part I questions in the survey. This change will give us the opportunity to develop a new set of important and timely performance outcomes measures that can be tracked over time. We also aim to shorten the overall length of the survey to make it more accessible for participating counties. A complete analysis of the data collected over that five-year period is forthcoming, but some of the data regarding housing and homelessness are discussed later in this document.

The topic selected for the 2024 Data Notebook is "homelessness within the public behavioral health system." The Planning Council recognizes that this complex issue is the subject of much discussion, advocacy, and policy across the state. Our goal is to gather information about how counties address the issue of homelessness and housing among people served in their behavioral health systems and identify what data counties collect on this topic. There are also several questions at the end of the survey asking for your input on what topics or performance outcomes you would like us to focus on next year.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local behavioral health (BH) boards/commissions to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify critical issues in their community. This work informs county and state leadership about local behavioral health programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

In addition, the Planning Council will provide our annual 'Overview Report,' which is a compilation of information from all of the local behavioral health boards/commissions who completed their Data Notebooks. These reports feature prominently on the website[2] of the California Association of Local Mental Health Boards and Commissions (CALBHBC). The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to SAMHSA[3].

[2] See the annual Overview Reports on the Data Notebook posted at the California Association of Local Behavioral Health Boards and Commissions website.
[3] SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.

What are Performance Outcomes?

While local behavioral health boards and commissions are required to review performance outcomes data for their counties, there is some ambiguity about what constitutes a "performance outcome measure." Outcome measures are one of several kinds of measures used to evaluate the quality of health care organizations and services. According to the Agency for Healthcare Research and Quality, a common classification of quality measures[4] includes:

- **Structural Measures** provide data on the capacity, systems, and infrastructure of a health care provider to gauge their ability to provide care. Examples of structural measures would be the ratio of providers to patients, or whether the organization uses electronic medical records.
- **Process Measures** indicate that a provider is using evidence-based best practices and processes to achieve a positive impact on people's health or reduce harmful outcomes. Examples of process measures are the number of patients who receive recommended health screenings, appointment wait times, or frequency of follow-up appointments.
- **Outcome Measures** evaluate the impact a service or intervention has on an individual's health status and recovery, whether positive or negative. Examples of outcome measures include evaluations of symptom severity, rates of hospital readmissions, and quality of life.

Of these three kinds of quality measures, outcome measures are arguably the most valuable for assessing the effectiveness of a health care service or intervention. However, they are also the hardest to evaluate. A big challenge with outcome measures is that there are many factors that influence health outcomes besides the treatment or services that an individual receives. It is beneficial to evaluate outcome measures in the context of structural and process measures, as they are closely related. Improving processes and system capacity within a health care organization can result in improved outcomes.

Patient-reported outcomes are important for assessing the quality of care that patients receive. These are outcome measures of an individual's health, quality of life, and their experiences regarding the care they receive, using information gathered directly from the patient and/or their caregivers. Examples include patient reports of how well they feel their provider listens to them during appointments, or how effective they feel their treatment has been over the past 6 months.

A **performance indicator** is a specific measure, whether quantitative or qualitative, that is used to determine if a service or program is achieving their desired outcomes. During the evaluation process, the organization reviews their indicators to assess the

[4] Types of Health care Quality Measures, by the Agency for Healthcare Research and Quality.

effectiveness of their processes, policies, and services. It is important to also review the indicators themselves at regular intervals to determine if those indicators are working as intended, or whether the indicators need to be modified to better serve the evaluation plan. Note that it may be difficult to draw sound conclusions from qualitative indicators.

In behavioral health care, there are many potential outcome indicators that can be used to evaluate the impact of programs and services. The California Association of Local Behavioral Health Boards and Commissions published an issue brief[5] on the topic of performance outcome data that includes suggested data points for county behavioral health agencies. The Agency for Healthcare Research and Quality also has publicly available resources on how to choose health care quality measures.[6] We recommend that local behavioral health boards and commissions and behavioral health agencies familiarize themselves with these resources when considering what data to collect or use.

[5] Performance Outcome Data Issue Brief, published by the California Association of Local Behavioral Health Boards and Commissions.
[6] Key Questions When Choosing Health Care Quality Measures, by the Agency for Healthcare Research and Quality.

CBHPC 2024 Data Notebook: Homelessness in the Public Behavioral Health System

Homelessness is a multifaceted and longstanding phenomenon in United States, and California in particular. The state of California is home to the largest number of individuals experiencing homelessness in the nation. Our state makes up about 12% of the total population of the United States, yet accounts for 31% of the nation's homeless population and 49% of the unsheltered population as of 2023. The combination of low income and a lack of affordable housing continues to be the largest contributing factors for homelessness. However, there are many other factors that play a role in this issue including incarceration, racial disparities, physical and mental health, and domestic violence.

The intersection of homelessness and behavioral health is a complex topic, and has been the subject of increasing public discussion, political debate, and legislation. Rates of homelessness have continued to increase at alarming rates, exacerbated by the effects of the COVID-19 pandemic. As public concerns about homelessness have grown, so have statewide efforts to reform behavioral health services in California. While the Planning Council does not share or endorse the view that mental illness is the primary cause of homelessness, the public behavioral health system does play a vital role in serving individuals experiencing homelessness.

The California Behavioral Health Planning Council has a long history of advocacy regarding housing and homelessness within the public mental health system. In 2016, the Planning Council published a report[7] highlighting programs and policies that looked promising for ending homelessness for those with severe mental illness and substance use disorders. This report was the result of multiple panel presentations in 2015 involving people with lived experience, providers, advocates, and other stakeholders. More recently, our Housing and Homelessness Committee published an issue brief[8] in 2020 highlighting services available to prepare persons experiencing homelessness for successful transitions to housing.

For the past 5 years, the Data Notebook survey has included an item asking counties to report on new or expanded services for homeless behavioral health clients. We have also included data from the federal Department of Housing and Urban Development (HUD) Point-In-Time counts for California. By making this topic the primary focus of the

[7] Hope for the Hopeless: Effective Programs that Promote Real Change. Published January 2016 by the California Behavioral Health Planning Council.
[8] The Crisis of Housing and Homelessness: Effective Programs to Bridge the Gap from Homelessness to Housing. Published May 2020 by the California Behavioral Health Planning Council.

2024 Data Notebook, we aim to learn more about how individuals experiencing homelessness are served within the public behavioral health system. The survey questions for this year have been written to identify the types of data being collected at the county level, as well as some basic information on county-level programs, needs, and goals regarding homelessness.

Defining Homelessness

The federal government finalized an official definition of homelessness in 2011[9] for the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. This definition states that a person or family is homeless if they fall into one of four categories:

- **Currently homeless** (lacking a fixed, regular, nighttime residence, which includes living in a car or temporary shelter program).
- **Imminent risk of homelessness** (those who will lose their nighttime residence within 14 days).
- **Homeless under other federal statutes or programs**. This includes those who have not had a permanent residence in the last 60 days.
- **Fleeing or attempting to flee domestic violence**, dating violence, or other threatening situations.

Additionally, the definition of "chronic homelessness" was clarified in 2015[10]. This definition covers individuals or families who have been homeless for at least 12 months, or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months.

Because these definitions are the ones used by the Department of Housing and Urban Development, they are the ones that we will be using for the purposes of the 2024 Data Notebook. However, we understand that many organizations and programs have different working definitions for these terms and are interested to learn how your county behavioral health agency defines homelessness in practice.

A Recent History: Housing and Homelessness Data presented in 5 years of California Data Notebook Overview Reports, 2019-2023.

Every year, the states, counties, and many cities perform a "Point-in-Time" Count[11] of the individuals experiencing homelessness in their counties, usually on a specific date

[9] The final ruling on the definition of homelessness for the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, on the HUD Exchange website.
[10] Federal definition of chronic homelessness, on the HUD Exchange website.
[11] 2023 Point-in-Time Homeless Populations and Subpopulations Reports are available on the HUD Exchange website.

in January. Such data are key to state and federal policy and funding decisions. **Table 1** provides data from the 2023 Point-in-Time Count. This data is publicly available, provided by the U.S. Department of Housing and Urban Development.

Table 1. State of California Estimates of Homeless Individuals Point in Time[12] Count 2023

Summary of Homeless individuals	SHELTERED	UNSHELTERED	TOTAL 2023	Percent Change from 2022
Persons in households without children	38,230	117,020	155,028	+ 6.6%
Persons in households with children	19,484	5,999	25,483	- 0.2%
Unaccompanied homeless youth	3,239	6,934	10,173	+ 6.1%
Veterans	3,153	7,436	10,589	+ 1.9%
Chronically homeless individuals	16,621	54,529	71,150	+ 16.8%
Total (2023) Homeless Persons in CA	57,976	123,423	181,399	+ 5.8%
Total (2023) Homeless Persons, USA	396,494	256,610	653,104	+ 12.1%

We have presented California data from the federal HUD Point-in-Time Count in each data notebook to inform the local behavioral health boards and for a basis for their discussion and responses.

The data from the past 5 years, displayed below in **Figure 1**, show increasing trends during this time span for nearly all the groups selected, including total homeless persons, those unsheltered, the chronically homeless, those served by emergency shelters, those persons with severe mental illness, and those who experienced chronic

[12] PIT Count = yearly January Point-in-Time Count of Homeless Individuals, conducted according to the guidance of the U.S. Department of Housing and Urban Development (www.HUD.gov). Sheltered persons include those who were in homeless shelters and distinct types of transitional or emergency housing.

substance abuse. The groups which did not show any major increases during this time span include those served in transitional housing at the selected point-in-time counts, and the numbers for unaccompanied youth aged 18-24, and for unaccompanied children under 18. We do not know the reason why numbers for those specific groups did not exhibit significant changes over this 5-year time span. Note the data gaps for January 2021, when COVID-19 health protocols precluded counting unsheltered individuals, and therefore impacted any data which normally would include those numbers in aggregated totals. Table 2 contains the numerical data used to construct Figure 1.

Figure 1. California Homeless Point-in-Time Counts for Several Vulnerable Populations, 2019-2023.

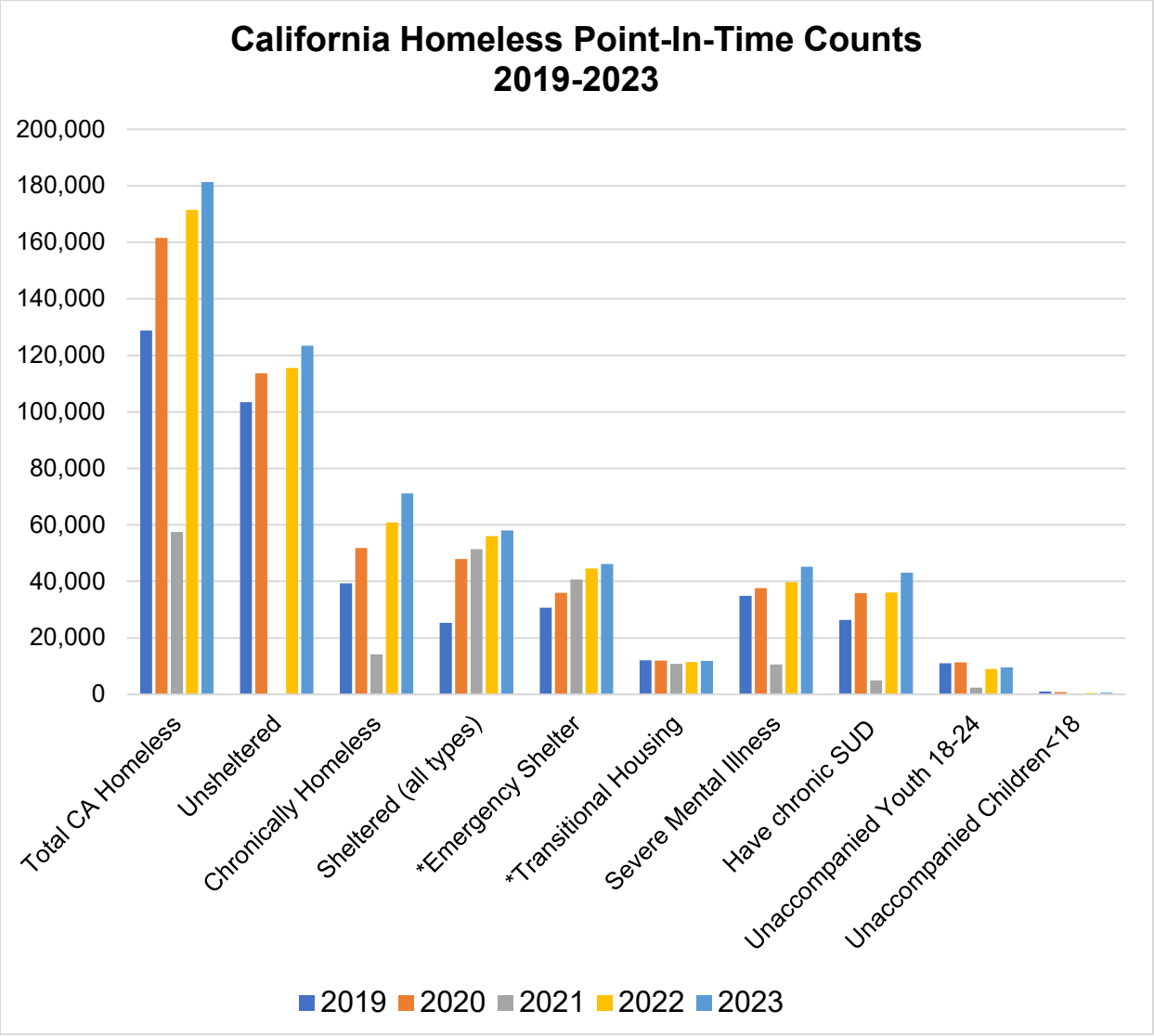


Table 2. CA Homeless Data from Annual P.I.T. Counts, 2019 – 2023.

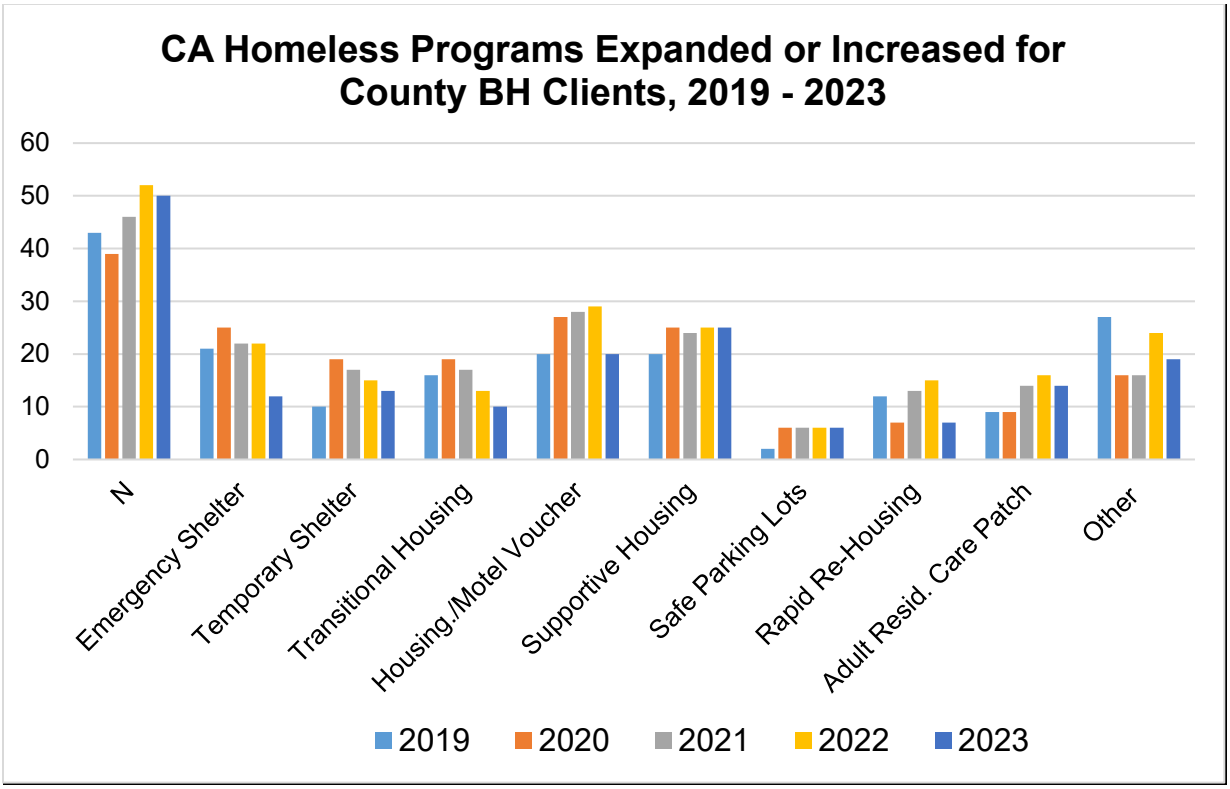
	2019	2020	2021	2022	2023
Total CA Homeless	128,777	161,548	57,468	171,521	181,399
Unsheltered	103,454	113,660	*	115,491	123,423
Chronically Homeless	39,275	51,785	14,168	60,905	71,150
Sheltered (all types)	25,323	47,918	51,429	56,030	57,976
***Emergency Shelter**	30,723	35,996	40,662	44,553	46,111
***Transitional Housing**	12,123	11,922	10,767	11,477	11,865
Severe Mental Illness	34,942	37,599	10,607	39,721	45,222
Have chronic SUD	26,410	35,821	4,970	36,096	43,047
Unaccompanied Youth 18-24	11,002	11,370	2,354	9,046	9,519
Unaccompanied Children<18	991	802	172	544	654

In addition to the HUD Point-In-Time data, previous Data Notebooks included the following survey question:

“During the most recent fiscal year, what new programs were implemented, or what existing programs were expanded, in your county to serve persons who are both homeless and have severe mental illness?”

Figure 2 shows a summary of the responses to this question from the past 5 years. The Data group labeled ‘N’ shows the number of counties which submitted responses to this question in that year’s Data Notebook. The category of ‘Other’ includes some programs which were developed with special funding (such as Project Home Key, etc.) in response to the pandemic and the economic dislocation experienced by many individuals.

Figure 2. California Homeless Programs Added or Expanded for County Behavioral health Clients, 2019-2023.



2024 Data Notebook Survey Questions

Please respond by means of the Survey Monkey link provided with this Data Notebook.

Section 1: Homelessness in the Public Behavioral Health System

1. **Please identify your County / Local Board or Commission.** *(dropdown menu)*

2. **Which of the following definitions of homelessness does your county use to identify individuals experiencing homelessness within your behavioral health system?** *(select all that apply)*
    a. The U.S. Housing and Urban Development (HUD) definition of *homelessness*, as used in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.
    b. The U.S. Department of Health and Human Services definition of *homeless youth* established by the Runaway and Homeless Youth Act (RHYA).
    c. The U.S. Department of Education definition of *homeless children and youths* as defined in the McKinney-Vento Homeless Assistance Act.
    d. Substance Abuse and Mental Health Services Administration (SAMHSA) definition of those who are *experiencing homelessness*.
    e. The Social Security Administration (SSA) definition of *homelessness*.
    f. Other (written response)

3. **Does your county enter data on homelessness and housing services into a Homeless Management Information System (HMIS)?**
    a. Yes
    b. No

4. **Concerning individuals currently receiving services in your county behavioral health system, is your county actively collecting data on the housing status of any of the groups listed?** *(Please check all that apply)*
    a. Foster youth
    b. Youth 18 years of age or younger
    c. Youth ages 19-24
    d. Adults ages 25-65
    e. Adults 66 years of age or older
    f. Consumers receiving mental health services
    g. Consumers receiving substance use treatment
    h. Veterans
    i. Individuals exiting incarceration from county jail
    j. Individuals exiting incarceration from prison
    k. Individuals in Institutions of Mental Disease (IMDs)
    l. Individuals in psychiatric hospitals
    m. Other (please specify)

n. None/Not Applicable

5. **What supports are necessary to provide housing to people served in your county behavioral health system for more than 6 months?** *(Please check all that apply)*
    a. Case management services
    b. Intensive case management services
    c. Health or social services access/navigation services
    d. Medication-Assisted Treatment
    e. Enhanced Care Management (ECM) and Community Supports
    f. Rental subsidies
    g. Housing vouchers
    h. Transitional and temporary housing
    i. Peer support
    j. Community health worker
    k. Supported employment services
    l. Wellness centers
    m. Full-Service Partnerships (FSPs)
    n. Other (written response)

6. **Does your county behavioral health system participate in a county-wide interagency continuum of care that meets regularly to address housing for your county residents?**
    a. Yes
    b. No

7. **For people currently receiving services from your county behavioral health system, are you actively collecting any data on whether they are homeless/ unsheltered at every point of service? For example, do you check for homeless status every time you provide individuals with any service?**
    a. Yes
    b. No

8. **Please list the organizations/agencies you work with to provide housing support and services for individuals served by your county behavioral health system.** *(Written Response: please use bullet points for this list)*

    We partner with the Homeless Supportive Housing Department to manage and place our permanent supportive housing units. They put clients in units based on our Coordinated Entry Systems.

9. **Is your county behavioral health system able to use local data when making program decisions and financial investments in existing or new homelessness/housing programs?**
    a. Yes
    b. No

10. **If you answered "Yes" to the previous question, can you give an example of a program your county initiated based on data you collect or track?**
We developed culturally congruent services for Black/African American Transitional Age Youth and Adult/Older Adults within our civil service clinics. We implemented initiatives for pre and postpartum mental health services.

11. **Does your county behavioral health department have a housing services unit or housing coordinator?**
    a. Yes
    b. No

Section 2: Performance Outcomes Data

12. **Does your behavioral health agency currently collect data for the performance indicators listed below for all adult beneficiaries?** *(Please check all that apply)*
    a. Employment status
    b. Criminal justice involvement
    c. Housing status
    d. Visits to the emergency room (ER)
    e. Psychiatric Hospitalizations
    f. Lanterman-Petris-Short (LPS) Conservatorship
    g. Rates of self-harm
    h. Rates of suicide
    i. Social functioning and community connectedness
    j. Self-reported wellness
    k. Overall patient satisfaction
    l. Other (Please Specify)

13. **Does your behavioral health agency currently collect data for the performance indicators listed below for all child and youth beneficiaries?** *(Please check all that apply)*
    a. Criminal justice involvement
    b. Housing status
    c. Visits to the emergency room (ER)
    d. Psychiatric Hospitalizations
    e. Rates of self-harm
    f. Rates of suicide
    g. School attendance/absenteeism
    h. Academic engagement
    i. Classroom behavior
    j. Social functioning and community connectedness
    k. Self-reported wellness
    l. Overall patient satisfaction
    m. Other (Please Specify)

14. **Do you utilize the performance indicators previously identified in any of the following ways?** *(Please check all that apply)*
    a. Evaluate the effectiveness of programs
    b. Make changes in spending
    c. Make changes in program planning
    d. Inform partners and stakeholders
    e. Advocate for policy changes
    f. Engage in community outreach
    g. Other (written response)

15. **Overall, do you have adequate data to evaluate and comment on performance outcomes in your county behavioral health system?**
    a. Yes
    b. No

16. **Which of the following topics or areas of interest would your county like to see future Data Notebooks focus on?** *(Please select up to 5).*
    a. Employment Status
    b. Criminal Justice Involvement
    c. Housing Status
    d. Visits to the emergency room (ER)
    e. Psychiatric Hospitalizations
    f. Lanterman-Petris-Short (LPS) Conservatorship
    g. Rates of Self-Harm and Suicide
    h. School-Based Wellness for Children/Youth
    i. Social Functioning and Community Connectedness
    j. Self-reported wellness
    k. Overall Patient Satisfaction
    l. Other (Please Specify)

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. The questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

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

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

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

h. Yes (if yes, please provide their job classification) Health program coordinator I
i. No

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

Ms. Amber Gray Pronouns(she/her) What's this?
Health Program Coordinator 1
San Francisco Behavioral Health Commission
Behavioral Health Services, DPH
1380 Howard Street, 2nd floor.
San Francisco, California 94103
Behavioral Health Commission
P: 415 255-3474
F: 415-255-3700
C: 415-297-5950

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

21. Do you have any feedback or recommendations to improve the Data Notebook for next year?