### **CBHPC 2024 Data Notebook**

- 1. Please identify your County / Local Board or Commission.
  - San Diego County/BHAB
- 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.
  - 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.
- 3. Does your county enter data on homelessness and housing services into a Homeless Management Information System (HMIS)?
  - A: Yes
- 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
  - 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
- 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)
- 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
- 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?
  - 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)

- Regional Task Force on Homelessness
- City jurisdictions
- Housing Authorities
- Full Service Partnership providers (contractors)
- Treatment providers (contactors)
- Independent living home operators
- Recovery residence operators
- Board and care operators
- 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

# 10. If you answered "Yes" to the previous question, can you give an example of a program your county initiated based on data you collect or track? (Written response)

• The epidemiology team analyzes emergency department (ED), hospitalization, mortality, and sociodemographic data to inform service planning for behavioral health services. For example, through analysis of overdose related data, we were able to identify populations and areas of greatest need for our harm reduction services, including among individuals experiencing homelessness. This data-driven approach informed the strategic planning and placement of naloxone vending machines, with Father Joe's Villages, an organization dedicating to preventing and ending homelessness, implementing the first naloxone vending machine in the County. By leveraging data and identifying those most impacted by overdose, including within the unhoused population, this ensures life-saving interventions are accessible to those in greatest need.

### 11. Does your county behavioral health department have a housing services unit or housing coordinator?

A: Yes

## 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

- 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
  - F: Rates of suicide
  - K: Self-reported wellness
  - L: Overall patient satisfaction
- 14. Do you utilize the performance indicators previously identified in any of the following ways? (Please check all that apply)
  - Adult Beneficiaries:
    - o A: Evaluate the effectiveness of programs
    - o B: Make changes in spending
    - C: Make changes in program planning
    - D: Inform partners and stakeholders
    - E: Advocate for policy changes
    - o F: Engage in community outreach
  - Child and Youth Beneficiaries:
    - 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
    - o F: Engage in community outreach
- 15. Overall, do you have adequate data to evaluate and comment on performance outcomes in your county behavioral health system?
  - 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). [BHAB Responses]

Options	Number of responses
a. Employment Status	1
b. Criminal Justice Involvement	2
c. Housing Status	3
d. Visits to the emergency room (ER)	3
e. Psychiatric Hospitalizations	3
f. Lanterman-Petris-Short (LPS) Conservatorship	3
g. Rates of Self-Harm and Suicide	0
h. School-Based Wellness for Children/Youth	4
i. Social Functioning and Community	3
Connectedness	
j. Self-reported wellness	0
k. Overall Patient Satisfaction	3
I. Other (Please Specify)	0

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

• E: MH board partnered with county staff or director

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

• H: Yes; Program Coordinator; Administrative Analyst III; Administrative Analyst I

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

• Maria Molina Melendez, maria.molina-melendez@sdcounty.ca.gov

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

• Robin Sales, <u>rsales728@gmail.com</u>

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

None