# EL DORADO COUNTY: DATA NOTEBOOK 2015

# FOR CALIFORNIA

# MENTAL HEALTH BOARDS AND COMMISSIONS


*Prepared by California Mental Health Planning Council, in collaboration with the California Association of Local Mental Health Boards and Commissions*

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# EL DORADO COUNTY: DATA NOTEBOOK 2015

# FOR CALIFORNIA

# MENTAL HEALTH BOARDS AND COMMISSIONS

County Population (2014): 183,957

Website for County Department of Mental Health (MH) or Behavioral Health:

http://www.edcgov.us/MentalHealth/

Website for County MH Data and Reports:

http://www.edcgov.us/MentalHealth/MHSA.aspx

Website for local MH Board/Commission Meeting Announcements and Reports:

http://www.edcgov.us/MentalHealth/#MHCommission

Specialty Mental Health Data[1] for 2013: see Archives folder at http://www.caleqro.com/

Total number of persons receiving Medi-Cal in your county: 28,250

Average number Medi-Cal eligible persons per month: 21,115

Percent of Medi-Cal eligible persons who were:

Children/youth, ages 0-17: 44.7 %

Adults, ages 18 and over: 55.3 %

Total persons with SMI[2] or SED[3] who received Specialty MH services: 1,431

Percent of Specialty MH service recipients who were:

Children/youth, ages 0-17: 50.9 %

Adults, ages 18 and over: 49.1 %

[1] Downloaded July 2014 from the former APS Healthcare website, www.caeqro.com.
[2] Serious Mental Illness, term used for adults 18 and older.
[3] Severe Emotional Disorder, term used for children/youth 17 and younger

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# Introduction: Purpose, Mandates, and Data Resources

## What is the "Data Notebook?"

It is a structured format for reviewing information and reporting on the mental health services in each county. For some questions, the Data Notebook supplies data for each county from public resources (e.g., mental health (MH) data from the External Quality Review Organization[4] and substance use disorders treatment reports). For other questions, we request that local mental health boards obtain information from their county behavioral health department because there is no public source.

The Data Notebook is designed to meet these goals:

- assist local boards to meet their legal mandates[5] to review the local county mental health services and report on performance every year
- function as an educational resource about mental health data for local boards
- enable the California Mental Health Planning Council (CMHPC) to fulfill its mandate[6] to review and report on the public mental health system in our state.

Every year, the mental health boards and commissions are required to review data about the services for mental health in their county. The local boards are required to report their findings to the CMHPC every year. Just like every other government agency that requires a report, the CMHPC creates a structured document for receiving information. The Data Notebook is organized to provide data and solicit responses from the mental health board regarding specific topics so that the information can be readily analyzed and reported by the CMHPC each year. These data are compiled in a report to inform policy makers, stakeholders and the general public.

The CMHPC serves under the umbrella of the Department of Health Care Services (DHCS) and must fulfill certain legal mandates to report on the public mental health system every year. We analyzed all Data Notebooks received in 2014 from the mental health boards and commissions; information which represented 41 counties that comprised a geographic area containing 83% of this state's population.[7] Our analyses produced the Statewide Overview report that is on the CMHPC website at:

http://www.dhcs.ca.gov/services/MH/Documents/CMHPCCSIDataNBReport2015.pdf

[4] See www.CALEQRO.com for county level data. Select the Archives folder containing reports for each county MH Plan, or check "New Reports" as available for the most recent year data.
[5] W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.
[6] W.I.C. 5772 (c), requires annual reports from the California Mental Health Planning Council.
[7] An additional six counties submitted their documents after our report was completed, for a total participation of 47 counties in partnership with their local advisory boards.

Other recent reports from various committees of the CMHPC can be found at: http://www.dhcs.ca.gov/services/MH/Pages/CMHPC-PlanningCouncilWelcome.aspx

Our overall goal is to promote a culture of data-driven quality improvement in California's behavioral health services and to improve client outcomes and function.

## Data Resources for the Data Notebook

Selected questions request input from members of the local boards. Your experience and perspectives are valuable, and that is one reason these boards exist. Most important, stakeholder input is taken into account by legislators and agency policy makers when they design and implement programs.

Some information is available from your local Department of Behavioral Health. Besides your county's Director of Behavioral Health or the staff for MH board liaison, other key contacts may include the Administrator for Alcohol and other Drug Programs, your Quality Improvement Coordinator or the MHSA Coordinator. For your questions about healthcare disparities and related outreach efforts, you may wish to contact the county's Cultural Competence Coordinator or the related committee.

Data about local specialty MH services may be found in reports from the external quality review organization (EQRO) (www.CALEQRO.com). Check the "Archives" file for "Reports." Select the most recent "EQRO MHP Report" for your county. For detailed numbers, see "Appendix D" in the report. For an estimate of the percent of clients with serious mental illness (SMI) who also have substance use disorders (SUD), consult the section titled "Information Systems Review."

Finally, we are very excited about a new data resource for your reports. We have arranged with DHCS to obtain substance use disorders treatment data to share with you. These data are made available for publication by the CalOMS-Tx[8] group at the Office of Applied Research and Analysis after review by the office charged with protecting patient privacy and HIPAA compliance.

We have customized each report by placing the data for your county within the substance use disorders section, followed by discussion questions on this topic. We also provide statewide reference data so that you can compare it to the information for your own community.

[8] CalOMS-Tx herein refers to both the "outcomes management system" for data about substance use treatment (Tx), and to the DHCS unit that performs the data collection, analyses, and reporting.

## Instructions for Completing the Data Notebook 2015

Most county Departments of Mental Health are now Departments of Behavioral Health. Many local advisory boards have re-named themselves in terms of behavioral health, not just mental health boards or commissions. Some define their mission in more specific terms, as "Mental Health and Drug and Alcohol Boards." However, not all groups are ready to make such changes at this time.

Additionally, in terms of resources, some counties have inpatient facilities and/or crisis response teams to meet the needs of individuals experiencing a mental health crisis. Some counties have just one such resource available and some counties have none.

In respect of all these differences, we are presenting topics covering two critical issues for review by the local advisory boards in this year's Data Notebook. Please review the data we provide within the report. Of course, you are welcome to consult other resources for further background if you so choose.

Please discuss and answer the questions for these topics:

A. Strategies to Meet the Needs of Persons Experiencing Mental Health Crises: Treatment Options and Alternatives to Locked (Involuntary) Facilities

B. Integrated Care: Treating Individuals with both MH and SU Disorders

**Please submit your completed Data Notebook report to the CMHPC at:**

**DataNotebook@CMHPC.ca.gov**

**For more information, please call (916) 449-5249, or email the address above.**

*Thank you for participating in our project.*

## Strategies to Meet Needs of Persons Experiencing a Mental Health Crisis

### Treatment Options and Alternatives to Locked (Involuntary) Facilities

While every effort is made to notify Californians of the availability of services and to encourage individuals to seek services early, sometimes a crisis occurs and immediate intervention is needed. In a worst case scenario, law enforcement is called to respond but in a better case scenario, a multi-disciplinary team that includes a mental health professional and a peer will meet with the individual in crisis. The toll and costs of hospitalizations and incarceration of individuals experiencing a mental health crisis are high on both the individual and public system. Many counties have implemented diversionary programs to help persons in crisis manage the situation, de-escalate their symptoms and recover without having to enter an institution.

We are seeking to identify the resources and options that are available to promote the least restrictive environment that will help individuals experiencing a MH crisis to stabilize and move toward recovery. Our goal is to highlight effective programs that meet this essential need on the continuum of services. Effective programs are an excellent way to reduce stigma, and to reduce costs allowing those savings to be used in other areas of the service system. By sharing information about programs with a substantial track record, we wish to promote programs of quality, excellence and safety.

### Continuum of Care for SMI in your Community

**1. Do you have these types of facilities <u>in</u> your county? Please check all that apply. Please mark 'Other' (and describe) if your county contracts for beds <u>outside</u> of your county.**

___ IMDs (Institutions for Mental Diseases, used often for placement of MH clients who are under conservatorship and others)

_x_ PHFs (Psychiatric Health Facilities)

___ SNF with PTP (Skilled Nursing Facility with Psychiatric Treatment Program)

___ State Hospital beds

___ Psychiatric hospital beds

___ None of the above

_x_ Other, please describe: Out of county beds contracted through providers for IMDs and Psychiatric hospital beds as needed.

**2. If you do not have any of the above facilities in your county and you have a need that goes beyond crisis intervention, how do you handle a need for a longer term hospitalization (14-90 days)?**

_x_ Transport to out-of-county psychiatric care facility (sometimes)

___ Crisis intervention services

_x_ Licensed adult residential facility (board and care home) that receive extra funding from the county (or placing agency) for additional MH-related services

___Other, please describe

**3. What alternatives to a locked facility do you have for those experiencing an immediate MH crisis? Please check all that apply.**

___ Crisis Stabilization Service (23 hours)

___ Crisis Residential

___ Mobile Crisis Intervention Teams

_x_ Transport to another county for treatment

___ Transport to another state for treatment

___ Assisted Outpatient Treatment (AOT) teams (Laura's Law type programs)

___ Licensed adult residential facility (board and care home) that receives extra funding from the county (or placing agency) for additional MH-related services

___Other, please list or describe

**4. Does your county have a MH court, jail diversion program, or similar mechanism to help individuals whose MH crisis or illness contributed to their involvement with the criminal justice system? Please check all that apply.**

_x_ MH court

_x_ Drug Court (some counties have combined into "problem-solving courts")

_x_ Jail diversion program (a court-ordered MH program where client avoids jail)

_x_ Re-entry programs with MH/BH services to assist persons released into the community after leaving a correctional facility (e.g. programs funded by AB 109, Proposition 47, or related services)

___Other, please describe _____

___ None of the above

**5. <u>Creative Solutions.</u> Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above?**

___Yes _x_ No

___If yes, please list and describe_____

**6. <u>Prevention</u>. Does your county have any programs implemented specifically as alternatives to locked facilities that haven't been addressed above**? 6-bed Adult Residential Facility and Transition Houses that are supported 24 hours a day / 7 days a week.

**7. <u>Unmet needs</u>. Please describe any specific unmet needs for children, transition-aged youth, adults or older adults in your county for either MH-related hospitalization or community-based crisis treatment services.** Lack of Transitional Housing, long wait time and lack of space / beds in county, and no Crisis Residential Treatment or 23-hour services.

**8. If you could ask for any specific resource, program, or facility to meet serious, urgent MH needs in your community, what would be your top three priorities?**

1) MHRC type locked facility instead of sending clients out of County

2) Adult Residential Facilities with a strong focus on Co-Occurring Disorders with a capacity for at least 25 – 30 clients.

3) Early psychosis program for youth and TAY

## Integrated Care: Treating Individuals with both MH and SU Disorders[9]

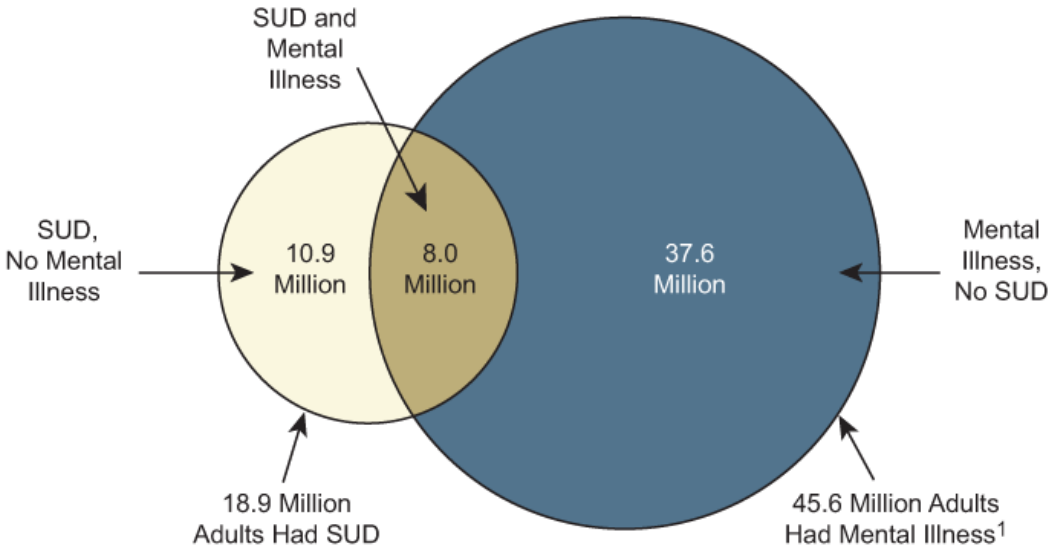
### Understanding the Scope of the Problem using National Statistics

We show examples of national data from the NSDUH[10] survey to give perspective on the data for our local communities and state. Many experts believe these data are an under-estimate of the true scope of the problem. All figures in this introduction are from this NSDUH survey report. We ask: how many people are affected by these disorders?

The report describes adults who had any mental illness, or a substance use disorder, or both problems in 2011, the most recent year for which there is national data.

- A total of 45.6 million adults had a mental illness. Of that group, 8 million (17.6 percent of total) also had a substance use disorder.
- Among the 18.9 million adults with substance use disorder, 8.0 million (42.3 percent) also had a mental illness.

**Past Year Substance Dependence or Abuse and Mental Illness among Adults Aged 18 or Older: 2011**




The problem is even more serious as we consider the risks for those with severe mental illness (SMI), a subset of those with "any" MH disorder shown above.

[9] SU = substance use. SUD= Substance use disorders, referring to problems with abusing drugs, alcohol, or both. Drugs refer to both illegal substances and prescription drugs used for purposes other than those legally prescribed or intended. See www.drugabuse.gov for more information.

[10] **NSDUH**: The National Survey on Drug Use and Health (NSDUH) is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse and mental disorders in the U.S. population. See more information at: http://archive.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm

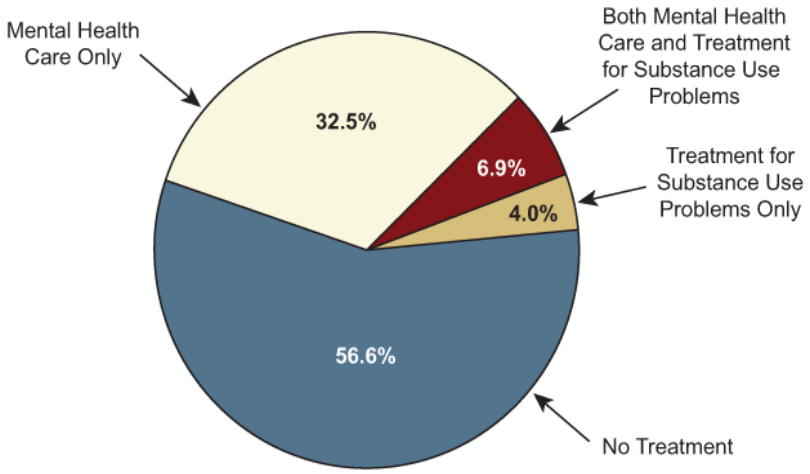
Who received treatment, and what kind? In the co-occurring disorder population, we would expect better recovery outcomes for those who receive treatment for both disorders. However, such integrated treatment may be difficult to access.

For the 8.0 million adults with co-occurring disorders, how many received treatment in the last year for MH disorders, SUD, both, or neither? Data from the NSDUH show that:

- 43.4 percent received some kind of treatment for either SUD or mental illness during the past year, however:
  - 32.5 percent received MH care only,
  - 4.0 percent received SUD treatment only, and
  - just 6.9 percent received treatment for both disorders.

- But more than half -- 56.6 percent received no treatment at all for either disorder.

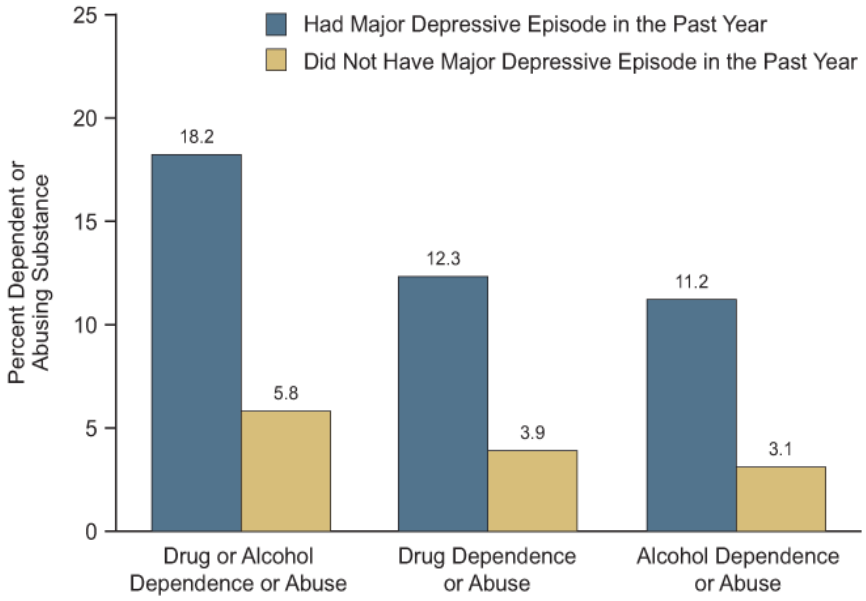
**Figure 4.12 Past Year Mental Health Care and Treatment for Substance Use Problems among Adults Aged 18 or Older with Both Mental Illness and a Substance Use Disorder: 2011**




Note: Mental health care is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Treatment for substance use problems refers to treatment at a hospital (inpatient only), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

Children and youth under 18 are also affected. Those who had a major depressive episode were three times more likely to engage in alcohol or drug abuse (or both), compared to members of their same-age peer group who did not have depression. Such episodes may be an early indicator of risk for more severe emotional disorders.

**Figure 4.15 Past Year Substance Dependence or Abuse among Youths Aged 12 to 17, by Major Depressive Episode in the Past Year: 2011**




The NSDUH report also found that youth with a major depressive episode had an increased risk for use of any type of illicit drug. A related but very serious concern is the increased risk for abuse of prescription drugs (when taken for non-prescribed uses).

## Data: Understanding who Receives SUD Treatment in your County

The next two pages will show some county-level information supplied by the data specialists of CalOMS-Tx in the Office of Applied Research and Analysis at DHCS. Before release to us, these data were reviewed by the DHCS offices charged with protecting patient privacy and HIPAA compliance. These data are from Fiscal Year 2013-2014.

Some data cells may not have any numbers, but instead are marked by an asterisk, "*****" which means that the numbers have been redacted (hidden) to protect patient privacy because the total number is too small. Counties with small populations may see many such asterisks, with the result that only limited data can be seen for those counties.

Access: Who Receives Services? The first part will present data for the demographics of those admitted for SUD treatment and the type of services. Demographics include age, gender, major race/ethnicity groups, and county. Service types in this dataset are outpatient, detox, or residential.

What are the Client Outcomes? The second part contains data regarding client outcomes. Discharge outcomes after thirty days include:

- return to substance use
- arrests
- employment
- housing situation (homeless vs. stable housing of any type)
- social supports within the last 30 days (includes 12-step programs as well as general social support activities, more than 4 or fewer than 4).

You will see that there is a certain percentage of data assigned as "missing." These are not redacted (hidden) numbers. "Missing data" indicates the numbers of clients for which no further data could be obtained by the treatment program. Some clients are no longer reachable by program staff or are otherwise lost to follow-up.

Finally, please examine the California State Data reference pages at the end of this document. We live in a highly diverse state and so your county data may or may not resemble the statewide data. However, these data are worth review and discussion as you consider advocacy and policies regarding demographic disparities in service access and unmet needs.

**ACCESS: Who Receives Services and in What Type of Program?**

**Demographics for Unique Clients, FY 2013-2014 Admissions to Treatment**

**County: EL DORADO**

**Service Type:**

| Outpatient | DETOX | Residential | Total |
|---|---|---|---|
| 462 | 0 | 182 | 644 |
| 71.74% | 0 | 28.26% | 100% |

**Age at Admission:**

| Under 18 | 18 - 25 | 26 - 35 | 36 and Older | Total |
|---|---|---|---|---|
| 81 | 138 | 203 | 222 | 644 |
| 12.58% | 21.43% | 31.52% | 34.47% | 100% |

**Gender:**

| Male | Female | Total |
|---|---|---|
| 363 | 281 | 644 |
| 56.37% | 43.63% | 100% |

**Race/ Ethnicity:**

| American Indian or Alaska Native | Asian or Pacific Islander | African American, not Hispanic | Hispanic or Latino | Multiracial/ Other Race, not Hispanic | White, Not Hispanic | Total |
|---|---|---|---|---|---|---|
| 13 | * | * | 108 | 12 | 501 | 644 |
| 2.02% | * | * | 16.77% | 1.86% | 77.8% | 100% |

**CLIENT OUTCOMES: Key Indicators of Client Recovery for Prior 30 days at Discharge**

**Discharges in FY 2013-2014**

**County: EL DORADO**

**Substance Use:**

| None | Use Data Missing | Use Documented | Total |
|---|---|---|---|
| 223 | 102 | 69 | 394 |
| 57% | 26% | 18% | 100% |

**Arrests:**

| 1 or more Arrests | Arrest Data Missing | No Arrests | Total |
|---|---|---|---|
| 22 | 102 | 270 | 394 |
| 6% | 26% | 69% | 100% |

**Employment:**

| Employed | Data Missing | None | Total |
|---|---|---|---|
| 90 | 102 | 202 | 394 |
| 23% | 26% | 51% | 100% |

**Housing Situation**

| Homeless | Living Data Missing | Stable Housing | Total |
|---|---|---|---|
| 30 | 102 | 262 | 394 |
| 8% | 26% | 66% | 100% |

**Social Support Participation (SSP), days per month**

| 4+ SSP days | <4 SSP days | SSP Data Missing | Total |
|---|---|---|---|
| 143 | 149 | 102 | 394 |
| 36% | 38% | 26% | 100% |

## The Impact of Substance Abuse on the MH System of Care in your County

**9.** This next question may help define the nature and scope of the substance use problem in your community. Resources for such information may include the Alcohol and Other Drug Administrator for your county, your county Sheriff's Department, or the Behavioral Health Director.

**What substances are the most commonly abused in your county? Please select the top three drug categories below (and indicate estimated percentage if known).**

_x_ Alcohol
_x_ Marijuana, hashish or synthetic marijuana-like drugs (e.g. 'spice', 'bath salts')
___ Amphetamines, methamphetamine, prescription stimulants (ADHD drugs)
___ Cocaine, 'crack' cocaine
_x_ Opioids (heroin, opium, prescription opioid pain relievers)
___ Club Drugs (MDMA/Ecstasy, Rohypnol/flunitrazepam, GHB)
___ CNS depressants (prescription tranquilizers and muscle relaxants)
___ Hallucinogens (LSD, Mescaline/peyote/cactus, Psilocybin/mushrooms)
___ Dissociative Drugs (Ketamine, PCP/phencyclidine/angel dust, Salvia plant species, dextromethorphan cough syrup)
___ Inhalants (solvents, glues, gases, nitrites/laughing gas)

**10. With respect to SUD treatment in your county, what are the main barriers to access and engagement with treatment?**

_x_ Transportation

___ Wait list to enter treatment

___ Language and/or cultural issues

_x_ Client not ready to commit fully to stopping use of drugs and/or alcohol

_x_ Failure to complete treatment program

_x_ Lack of treatment programs or options locally

___ Lack of workforce licensed/certified to treat clients who have co-occurring MH and SUD issues

___ Stigma and prejudice regarding diagnosis or participation in treatment

_x_ Reduced motivation of clients due to changes in court-required drug treatment programs (Proposition 47 reduced penalties for some substance use crimes, thus individuals may choose not to apply for drug court supervision of their case. Drug court is a way to reduce criminal penalties for some crimes in exchange for the client engaging in treatment for substance use).

___Other, please describe _____

**11. What could be done to increase successful outcomes for SUD recovery in your county? Choose the top three priorities.**

_x_Ongoing case management

_x_ Support individuals to make necessary changes in social patterns (new neighborhood; change routes to home, school or work; change circle of friends)

___ Medication services

___ Family treatment/education

___ Health and nutrition classes

___Parenting classes

___ Onsite access or referrals for primary health care screening and treatment

___ Vocational training and support, including employment readiness classes

_x_Other, please describe: Treatment facilities in county

**12. Have any SUD treatment strategies been shown to be especially successful in your county?**

Yes_x_ None ___

If yes, please describe:

1) Collaborative case management between Mental Health, Alcohol and Drugs Program, Probation and Courts through the County's problem solving courts.

2) Collaboration between Mental Health's Intensive Case Management Team (ICM) and Alcohol and Drugs Program when clients need SUD treatment.

**13. How does your county support individuals in recovery to increase the rates of success? Please check all that apply in your county.**

_x_ Transportation to outpatient treatment and therapy appointments

_x_ Motivational interviewing

_x_ Case management/aftercare/follow-up services and referrals

___ Services more like FSP[11] or wrap-around services

___ Family treatment and/or family education

_x_ Medication services

___Teaching about activities of daily living

___Parenting classes

_x_ Smoking cessation classes or treatment

___ On-site health testing and treatment

_x_ Linkage to primary care clinic for health tests and treatment

___ Job readiness training, vocational services , GED/college classes

___ Facilitate a change in the person's culture, to build new relationships, routines, patterns not linked to alcohol or drug use.

_x_Peer support, mentors or sponsors in the community

___ Classes about nutrition, cooking, exercise, and care of one's own health

___Other, please describe _____

In your opinion, which of the above are the four factors most essential to client success in SUD recovery?

- ✓ Case management
- ✓ Medication services
- ✓ Peer support
- ✓ Linkage to primary care

[11] Full Service Partnership mental health services, programs funded by the Mental Health Services Act.

14. **Prevention**. This last question is about coordinating prevention efforts between different agencies and groups. We believe that prevention and education activities are important to help reduce the number of persons using drugs or abusing alcohol, especially for youth under 18 and young adults.

The evidence shows that prevention efforts are much more effective when coordinated across multiple service systems. Currently, funding for MH efforts have a different source than that for substance abuse prevention[12] and therefore must be devoted to mental health. This results in most programs being separate or 'siloed' which risks producing fragmented, patchwork efforts and less than optimal outcomes for consumers.

**Does your county implement coordinated programs to address prevention of both SUD and mental illness in children, transition-aged youth and young adults?**

**Yes_x__ No_____**

**If yes, please provide a brief description of the program, target audience, and activities.**
Friday Night Live / Club Live

Teen Court

Drug Free Coalitions

[12] Examples of programs funded from different sources could include MHSA Prevention and Early Intervention programs or the substance Abuse Prevention and Treatment Block Grant. You may know of others in your community.

**Addendum: Question #15**

## Resources for local Advisory Boards to carry out their Mandated Roles

These questions address the operations of county mental health boards, behavioral health boards, or mental health commissions, regardless of current title. These items have been included in partnership with the California Association of Local Mental Health Boards and Commissions.

**(a) What process was used to complete this Data Notebook? Please check all that apply.**

___ MH Board completed majority of the Data Notebook

___ County staff and/or Director completed majority of the Data Notebook

___ Data Notebook placed on Agenda and discussed at Board meeting

_x_ Other; please describe: Collaboration between Mental Health Commission Board Committee and Mental Health Department staff.

**(b) Do you have suggestions for future Data Notebook themes or topics?**

Yes_x_ No____ If Yes, please list: Children's Services

**(c) Does your Board have a yearly budget to support its activities?**

Yes_____ No_x_ If yes, no $, but in-kind admin support

**(d) Does your Board have designated staff to support your activities?**

Yes_x_ No_____

If yes, please provide their job classification: MHSA Department Analyst

Briefly describe their duties: Preparation on the Commission's agenda and minutes, attendance at and coordination of meetings

**(e) What is the best method for contacting this staff member or board liaison?**

Name and County: Brandi Reid – El Dorado County

Email: brandi.reid@edcgov.us

Phone #: (530) 621-6226

**(f) What is the best way to contact your Board presiding officer (Chair, etc.)?**

Name and County: Jim Abram – El Dorado County

Email: jimabram@comcast.net

Phone #: (530) 644-5505

## CALIFORNIA State Reference Data for SUD Treatment and Outcomes

**ACCESS: Who Receives Services and in What Type of Program?**

**Demographics for Unique Clients, FY 2013-2014 Admissions to Treatment**

**Totals are for all counties.**

**Service Type:**

| Outpatient | DETOX | Residential | Total |
|---|---|---|---|
| 89,071 | 19,904 | 24,763 | 133,738 |
| 66.60% | 14.88% | 18.52% | 100% |

**Age at Admission:**

| Under 18 | 18 - 25 | 26 - 35 | 36 and Older | Total |
|---|---|---|---|---|
| 14,957 | 23,614 | 38,042 | 57,125 | 133,738 |
| 11.18% | 17.66% | 28.45% | 42.71% | 100% |

**Gender:**

| Male | Female | Total |
|---|---|---|
| 84,615 | 49,123 | 133,738 |
| 63.27% | 36.73% | 100% |

**Race/ Ethnicity:**

| American Indian or Alaska Native | Asian or Pacific Islander | African American, not Hispanic | Hispanic or Latino | Multiracial/ Other Race, not Hispanic | White, Not Hispanic | Total |
|---|---|---|---|---|---|---|
| 1,612 | 2,984 | 16,926 | 49,352 | 5,070 | 57,794 | 133,738 |
| 1.21% | 2.23% | 12.66% | 36.90% | 3.79% | 43.21% | 100% |

**CALIFORNIA State Data, includes all counties.**

**CLIENT OUTCOMES: Key Indicators of Client Recovery for Prior 30 days at Discharge**

**For Discharges in FY 2013-2014**

**Substance Use:**

| None | Use Data Missing | Use Documented | Total |
|---|---|---|---|
| 28,093 | 29,016 | 9,553 | 66,662 |
| 42.14% | 43.53% | 14.33% | 100.00% |

**Arrests:**

| 1 or more Arrests | Arrest Data Missing | No Arrests | Total |
|---|---|---|---|
| 1,160 | 29,016 | 36,486 | 66,662 |
| 1.74% | 43.53% | 54.73% | 100.00% |

**Employment:**

| Employed | Data Missing | None | Total |
|---|---|---|---|
| 10,596 | 29,016 | 27,050 | 66,662 |
| 15.90% | 43.53% | 40.58% | 100.00% |

**Housing Situation**

| Homeless | Living Data Missing | Stable Housing | Total |
|---|---|---|---|
| 3,167 | 29,016 | 34,479 | 66,662 |
| 4.75% | 43.53% | 51.72% | 100.00% |

**Social Support Participation (SSP), days per month**

| 4+ SSP days | <4 SSP days | SSP Data Missing | Total |
|---|---|---|---|
| 19,306 | 18,340 | 29,016 | 66,662 |
| 28.96% | 27.51% | 43.53% | 100.00% |

**REMINDER:**

Thank you for your participation in completing your Data Notebook report.

Please feel free to provide feedback or recommendations you may have to improve this project for next year.  We welcome your input.

**Please submit your Data Notebook report by email to:**

**DataNotebook@CMHPC.CA.GOV.**

**For information, you may contact the email address above, or telephone:**

**(916) 449-5249**

Or, you may contact us by postal mail to:

- Data Notebook
- California Mental Health Planning Council
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