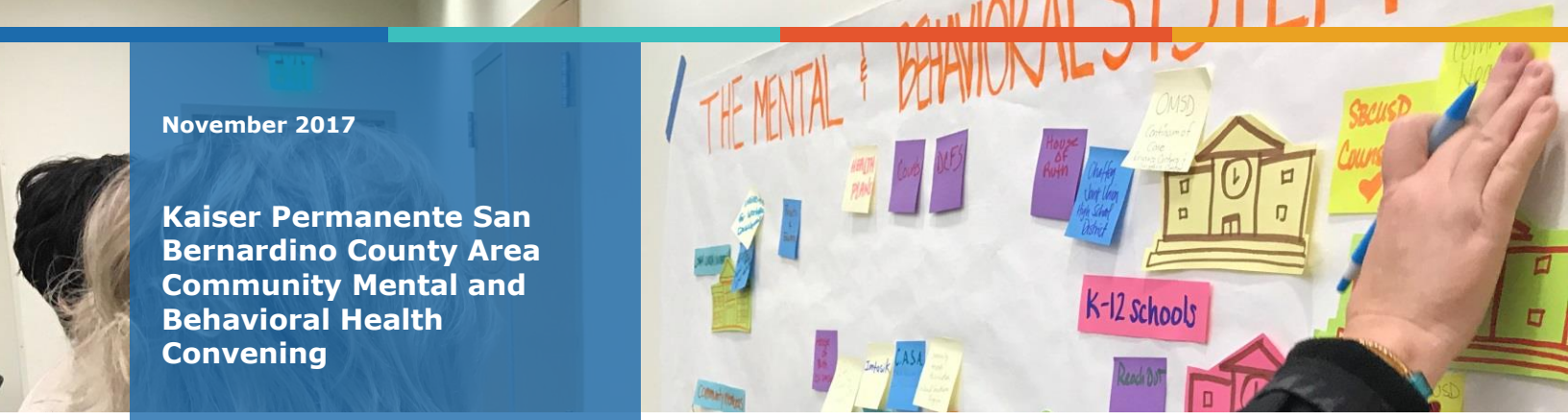


November 2017

Kaiser Permanente San Bernardino County Area Community Mental and Behavioral Health Convening

Summary Brief and Recommendations

On November 6, 2017, Kaiser Permanente and Harder+Company Community Research convened a group of 30 mental and behavioral health providers in San Bernardino County to discuss capacity building needs and recommendations. This brief summarizes key points discussed and shared.

Kaiser Permanente San Bernardino County Area and Harder+Company facilitated a mental and behavior health convening of local providers to share information and resources, gather insights and feedback, and discuss organization and countywide capacity building needs. The goals of the convening were to:

1. Collectively understand the landscape of mental and behavioral health
2. Identify organizational and countywide capacity building needs, challenges, and opportunities for future planning and investments.

The agenda included speaker presentations by the San Bernardino County Department of Behavioral Health, Loma Linda University Department of Preventive Medicine and Pediatrics, and Kaiser Permanente Psychiatry and Addiction Medicine. Speakers shared information and resources on mental health and wellness services, substance abuse services, and Adverse Childhood Experiences (ACEs) and trauma-informed care. Most of the convening was dedicated to gathering insights and feedback from attendees about capacity building needs for their organizations and recommendations for countywide capacity building needs. The information gathered is intended to inform community health strategy for capacity building for mental and behavioral health providers, stakeholders addressing mental health, and funders.

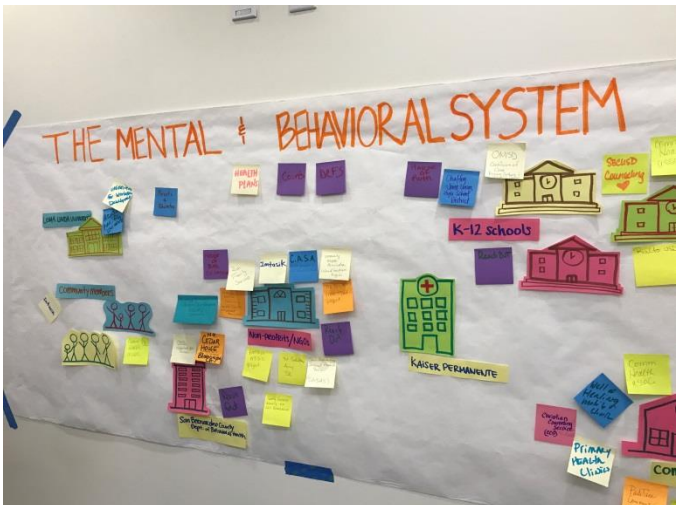
Mapping the Mental and Behavioral Health System

To ground everyone in a big-picture understanding of the mental and behavioral health landscape in San Bernardino County, participants identified and mapped key stakeholders that make up the mental and behavioral health system (see Exhibit 1). Listed below are the stakeholder groups they identified, along with some examples of each group.

- **Community members and groups**, including parents and educators, the ACEs Task Force of San Bernardino County, and NAMI
- **Colleges and universities,** including Loma Linda University and Azusa Pacific University, and workforce development initiatives at universities
- **Non-profit organizations**, including the Foothill AIDS project, Salvation Army, Mercy House, Lutheran Social Services, Reach Out, House of Ruth, Rim Family Services, Child Advocates of San Bernardino County (CASA), Christian Counseling Services, Family Service Agency of San Bernardino, and Cedar House

- **Government agencies** including San Bernardino County Court Services, San Bernardino County Children and Family Services, and the San Bernardino County Department of Behavioral Health
- **Mental and behavioral health providers and community clinics**, including the Community Health Association, Well of Healing Mobile Clinic, Park Tree Community Health Center, SAC Health System, San Bernardino Sexual Assault Services, Bear Valley Community Healthcare District, Community Health Systems, and Kaiser Permanente
- **K-12 school districts**, including the Chaffey Joint Union High, Rialto Unified, Fontan Unified, and Bear Valley Unified school districts

Exhibit 1. Mental and Behavioral Health System Map



Capacity Building Needs and Recommendations

Attendees focused their conversations on what could be done to strengthen organizational capacity and to build connections and coordination amongst stakeholders in the system in order to better meet the community's mental health needs.

In small groups, attendees discussed organizational strengthens and challenges, and recommendations for organizational and countywide capacity building. After their small group discussions, each group shared the top three things that would make the biggest impact on their organization and the top three things that would make the biggest impact countywide. Responses were charted and attendees were asked to vote for their top three using stickers. Exhibit 2 displays a list of capacity building needs and recommendations identified by attendees by the number of votes. Organizations shared similar and overlapping themes across organizational and countywide needs so the categories and votes were aggregated here.

Exhibit 2. Organizational and countywide capacity building needs and recommendations by number of votes[1]

Capacity Building Needs and Recommendations	Votes
More funding (to expand services and unrestricted operating funds)	47
Coordination, collaboration, and network building	25
Training and technical assistance to improve practice	23
Mental health professional recruitment and retention	18
Affordable housing and housing specific to mental health	8
Improve access to transportation	4
Improve access to and quality of whole person care	3
Resources to change organizational culture	2
Resources for care for moderate mental illnesses	1

[1] We combined categories that overlapped. For example, we combined "better coordination", "collaboration with other sectors", and "build relationships with other organizations" into coordination, collaboration, and networking building.

There was clear need and desire for more funding for capacity building amongst the organizations in attendance. While a few organizations provided specific recommendations for funding parameters (e.g., unrestricted funding and sustainable funding for continuity of care), most simply shared that funding is a constant organizational capacity building need. After "more funding", attendees identified collaboration and coordination, training and resources for capacity building, recruitment and retention, and housing and transportation as critical for organizational and countywide capacity building. We outline and describe each area of capacity building, along with recommendations shared by attendees.

"There is strength in numbers and in spreading of ideas [which] can be strengthened with solid training and idea mining sessions like today."

–Mental and Behavioral Health Convening Attendee

Collaboration, coordination, and networking building. Organizations would benefit from funding for collaboration, better coordination, and building relationships and networks between organizations and across sectors. As explained by one participant, "There is strength in numbers and in spreading of ideas [which] can be strengthened with solid training and idea mining sessions like today". A large number of organizations highlighted the need for better coordination between organizations and expressed a desire for more opportunities to connect and collaborate with other organizations and across sectors. Community based providers particularly valued having the Department of Behavioral Health at the table with them and would like to have more opportunities to work collaboratively with them. Another suggestion made by an organization was to create a collaborative focused on maternal mental health for San Bernardino and Riverside counties where agencies can connect and find ways to collaborate. Another suggestion made by several organizations was to host quarterly meetings convening mental health providers and partners. Other organizations highlighted the need to strengthen referral networks and strengthen coordination between traditional systems of care (e.g., pediatricians, urgent care) and mental health providers. For example, an organization recommended increased coordination between hospital emergency departments and health care insurance providers, such as Molina Healthcare, Kaiser Permanente, and IEHP for Medi-Cal.

Training and technical assistance to improve practice. Based on attendee votes, training and resources for capacity building was ranked as the third top need. Several organizations specifically requested more training and guidance on trauma-informed care while other requested training and ongoing technical assistance around provision of culturally competent services. Organizations also suggested brining in subject matter experts to present workshops for staff. Other suggestions included: an updated county resource guide county for parents and front line staff, training for peer navigators, and training and supports to improve programs.

Mental health professional recruitment and retention. Organizations discussed the need to incentivize mental health professionals to stay in San Bernardino County, train and hire more mental health providers, and strengthen the workforce pipeline between local universities and nonprofits and agencies providing mental health services. Several organizations specifically cited a need to increase the number of and access to psychiatrists, therapists, and clinicians. San Bernardino County has a shortage of psychiatrists-- with only 10.7 psychiatrists per 100,000 people[2] compared to the statewide rate of 16.5 psychiatrists per 100,000 people. In light of the shortage of mental health professionals, organizations requested additional funding to expand their staff and services to better meet consumer needs. For example, one organization said funding for therapists to provide services outside of their agency (e.g., in community settings, at schools, churches, and senior centers) would make the biggest impact on their organization's ability to achieve their mission.

Access to affordable and permanent supportive housing was identified as an important need, especially by providers that serve homeless and/or

[2] California Health Care Foundation (2012). Psychiatrists per 100,000 people.

formerly homeless individuals. The Inland Empire is experiencing a severe shortage of affordable housing, with 59% of residents in the Riverside-San Bernardino-Ontario area spending more than 30% of their income on housing[3]. Given this local context, providers working with homeless and formerly homeless were supportive of efforts to increase the available stock of affordable and supportive housing.

Access to transportation/mobile services. Transportation to and from mental health treatment continues to present a barrier to many residents of the region, including children and youth, homeless and those living in outlying areas. Reliable and timely transportation to encourage service use would be helpful to some providers. Additionally, providers expressed interest in mobile clinics that can be used to bring services closer to communities.

Taking Action for Impact

Data and input from community stakeholders point to areas where community health investments could strengthen the capacity of both individual providers and county-wide systems of care.

Provide infrastructure for a mental health focused collaborative. There was a great deal of energy in the room about the usefulness of opportunities for mental health providers from public agencies, health plans and CBOs to come together on a regular basis. Community Health investments could be used to provide the infrastructure for these convenings including meeting space, food, materials and staff time to plan and coordinate a guidance body that would be responsible to organize and facilitate these meetings. This strategy could ultimately address multiple needs and priorities identified by participants:

- **Network building and collaboration:** Time and space to discuss trends, resources and problem-solve would be highly valued. Providers would greatly appreciate participation by public agencies that often control the programs and funding that many of them depend on. This includes the Department of Behavioral Health, Department of Public Health and Child Welfare System leaders.
- **Training:** Meetings could include some time for training activities. There was a tremendously positive response to the brief overview to trauma-informed clinical practice during the convening and strong desire to have a shared training agenda at the regional level.
- **Develop and strengthen mental health workforce:** If local universities and program staff participate in a regional mental health collaborative, issues of staff development and retention could be better identified and addressed.

Consider both programmatic and general operating support. Local CBOs provide the lion share of prevention and intervention services in the region and rely on grants, contracts and their own fundraising efforts to fund their work. Kaiser Permanente has a long history of funding mental health programs which is greatly appreciated by providers. However, in many cases the key to being able to expand services lies in flexible, reliable funding, such as unrestricted/general operating support. Foundations across the U.S. have recognized this need and many provide unrestricted grants with the intention of building organizational capacity[4].

[3] ABODO (2017). Heavy Housing Burden: 19 cities with the most cost-burdened renters.
[4] Grantmakers for Effective Organizations (May 2014). What is general operating support and why is it important?