#33

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Live Survey Link (Web Link) Collector:

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Time Spent: Over a day **IP Address:** 192.159.8.109

Page 3: Part I: Standard Annual Questions for Counties and Local Advisory Boards

Q1 Shasta

Please identify your County / Local Board or Commission.

Q2

For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

803

Q3

What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?

18463

Q4

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?

1

Unknown

Q5 Yes (If Yes, how many IMDs?):

Does your county have any "Institutions for Mental

Disease" (IMDs)?

Q6

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 520

Out-of-County 52

What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?

4801

Page 4: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Q8

During the most recent fiscal year (2019-2020), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

Emergency Shelter,

Temporary Houseing,

Housing/Motel Vouchers,

Supportive Housing

Page 5: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Q9

Do you think your county is doing enough to serve the children/youth in group care?

No (If No, what is your recommendation? Please list or describe briefly):

We could always use more funding.

Q10

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

Yes (If Yes, how many?):

There are 15 youth from other counties placed in Shasta County STRTPs.

Q11

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

Yes (If Yes, how many?):

Children's Services is very committed to placing youth in the least restricting environment, and have work diligently to stepdown youth from congregate care to resource family homes, tribally approval homes, guardianship care and foster family homes. In 2020 there were 16 Shasta County foster youth who were placed out of county in either group homes or Short Term Residential Treatment Programs (STRTPs).

Page 6: Part II: Telehealth Technology for Behavioral Health

Q12

Was your County using telehealth to provide behavioral health services prior to the Covid-19 public health emergency?

Yes (If yes, how were telehealth services funded prior to the Covid-19 public health emergency?:

MHSA funded, for youth and adult programs

Page 7: Part II: Telehealth Technology for Behavioral Health (Continued)

Q13 Respondent skipped this question Did your county decide to offer telehealth services after the Covid-19 public health emergency began? Q14 Yes Did the Covid-19 public health emergency cause your county to modify or adapt your service in any way? Page 8: Part II: Telehealth Technology for Behavioral Health (Continued) Q15 Increased availability of telehealth services, Expansion of the kinds of services provided via Which of the following changes to your services were made? (Please select all that apply) telehealth Telehealth training for staff and providers, Changes to staffing to facilitate telehealth coordination, Changes to technology/software to facilitate telehealth Q16 **Both** Is your county able to serve both adults and children with behavioral health telehealth services? Q17 Yes Are telehealth services in your county provided by an "in house" provider that is either on contract or an employee of Behavioral Health Services? Q18 Yes (If Yes, what is the name of the provider organization?): Locum tenens Does your county have a contract with an organizational provider out of your area to provide behavioral health telehealth services?

On personal home computers,

On a landline phone

On mobile devices such as a cell phone or tablet,

Q19

apply)

How are consumers able to receive behavioral health telehealth services in your county? (please select all that

What challenges do consumers in your county have regarding accessing and utilizing telehealth services? (please select all that apply)

Lack of computer or mobile devices to access telehealth services

,

Lack of availability of internet services in the area,

Inadequate internet connection/bandwidth to use telehealth services

,

Cannot afford internet service or mobile data plan,

Lack of privacy in the home,

Distrust of telehealth services,

Lack of knowledge regarding the availability of telehealth services

,

Difficulty filling/receiving prescriptions that are prescribed via telehealth services

Q21

Does your county provide any of the following accommodations to assist consumers who have barriers to accessing telehealth services? (please select all that apply)

Language interpretation for telehealth services,

Text-based services for consumers who are deaf or hard of hearing

,

Clinic, wellness center, or community-based telehealth access sites

,

Assistance in securing a mobile device or internet connection, including equipment loans

Q22

Which of the following does your county have difficulty with when it comes to providing behavioral health telehealth services to consumers? (please select all that apply) Technology/software,

Network bandwidth to support secure and quality connection

,

Telehealth training for staff and providers,

Scheduling and coordinating telehealth services,

Getting provider buy-in,

Encouraging consumer/community adoption and utilization

,

Difficulty navigating regulations regarding telehealth

Who normally schedules and coordinates telehealth services in your county? (please select all that apply)

Case manager,

Social worker, counselor, or other licensed mental health professional

Nurse,

Individual medical providers

Q24

While your county has been using telehealth to provide behavioral health services, have you noticed any changes in your no-show/cancellation rates for the following age groups?

Children (age 15 or below)

Transition-age youth (16-21)

Adults (22-64)

Older adults (65+)

Increase in no-shows/cancellations

Increase in no-shows/cancellations

Decrease in no-shows/cancellations

No change

Q25

Has the use of telehealth increased access to behavioral health services for any of the following groups? (please select all that apply) Racial/ethnic minorities,

Older adults

Q26

Has your county experienced any of the following benefits of using telehealth to provide behavioral health services? (please select all that apply)

Increased appointment attendance,

Providers can serve more patients

Q27

Is your county having any billing/reimbursement issues regarding behavioral health telehealth services?

No

Q28

How confident is your county that behavioral health services provided via telehealth are being billed in an appropriate and accountable manner? Somewhat confident

Q29

When the Covid-19 public health emergency is over, do you expect your county will want to continue with telehealth to deliver behavioral health services?

Yes

Please explain why or why not.

Telehealth increases our flexibility. Clients can struggle to keep their appointments, and this gives us another option to provide services to them, especially in our large geographical area.

Q31

Does your county have any additional input concerning the use of telehealth to deliver behavioral health services?

We do not believe it should replace in-person services, but it should remain an option.

Page 9: Post-Survey Questionnaire

Q32

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

Data Notebook placed on Agenda and discussed at Board meeting

MH board partnered with county staff or director,

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

Q33

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification): Administrative Secretary II

Q34

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

Name Nicole Carroll

County Shasta County

Email Address

Phone Number

Q35

Please provide contact information for your Board's presiding officer (Chair, etc).

Name Sam Major

County Shasta County

Email Address

Respondent skipped this question

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