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

Q1 **Sonoma**

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?

321

Q3

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

73780

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?

We are unable to estimate numbers that would require an Adult Residential Facility level of care. Approximately 47% of the adults who were assessed for Behavioral Health services in FY 18/19 had problems with maintaining residential stability, which is characterized by homelessness, living on the streets, in shelters or other forms of transitional housing. We have approximately 250 individuals who had contact with Behavioral Health services each month who are homeless with 595 total unique individuals reporting homelessness during that year. This includes individuals who were seen at the CSU and were not seen ongoing by treatment teams.

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

Does your county have any "Institutions for Mental Disease" (IMDs)?

one IMD in Sonoma County

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	89
Out-of-County	64

Q7

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

15,568

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,**
- Safe Parking Lots,**
- Adult Residential Care Patch/Subsidy**

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Q9

Yes

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

Q10

Yes (If Yes, how many?):
18

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

Q11

Yes (If Yes, how many?):
47

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

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?:
Services were used only in psychiatry. The strategy was used to deal with a shortage of psychiatrists. Services were billed to Medi-Cal.

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

Q13

Did your county decide to offer telehealth services after the Covid-19 public health emergency began?

Respondent skipped this question

Q14

Did the Covid-19 public health emergency cause your county to modify or adapt your service in any way?

Yes

Page 8: Part II: Telehealth Technology for Behavioral Health (Continued)

Q15

Which of the following changes to your services were made? (Please select all that apply)

Increased availability of telehealth services,
Expansion of the kinds of services provided via telehealth
,
Telehealth training for staff and providers,
Changes to technology/software to facilitate telehealth,
Other (please specify):
Telehealth is used on site to enforce social distancing requirements in clinics.

Q16

Is your county able to serve both adults and children with behavioral health telehealth services?

Both

Q17

Are telehealth services in your county provided by an "in house" provider that is either on contract or an employee of Behavioral Health Services?

Yes

Q18

Does your county have a contract with an organizational provider out of your area to provide behavioral health telehealth services?

Yes (If Yes, what is the name of the provider organization?):
Used only for psychiatrists who are located in state and out of state.

Q19

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

- On personal home computers,**
- On mobile devices such as a cell phone or tablet,**
- On a landline phone,**
- At community clinics or wellness centers**

Q20

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**
- ,**
- Other (please specify):**
Providers having problems when more than one program/app is used at a time; this causes their devices freeze. Not enough bandwidth in rural areas to support telehealth. Clients losing their phones and are unable to participate in telehealth.

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

,
Other (please specify):
Poor bandwidth in some staff and client's homes

Q23

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

Other (please specify):
Clerical Staff

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)

Decrease in no-shows/cancellations

Transition-age youth (16-21)

Decrease in no-shows/cancellations

Adults (22-64)

No change

Older adults (65+)

Decrease in no-shows/cancellations

Q25

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

Rural or distant communities,
Low-income communities,
Racial/ethnic minorities,
Older adults,

Other (please specify):
Telehealth is limited to all the populations due to technology, lack of phones or access to the Internet

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

Q27

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

No

Q28

Somewhat confident

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

Q29

Yes

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?

Q30

Please explain why or why not.

Yes, we will continue use of telehealth, though not at the current intensity. Telehealth has allowed us to access hard to find professionals, such as psychiatrists, and created opportunities for staff to have more frequent, often briefer, interactions with some clients. Collateral contacts, such as multidisciplinary case management meetings, can access more participants, who would otherwise be unable to travel to meetings.

Q31

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

Given the sudden increased use of telehealth we are interested in learning from research and experience about best practices, as well as establishing norms regarding the best mix of telehealth vs in person client contact.

Q32

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

MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions

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Data Notebook placed on Agenda and discussed at Board meeting

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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

,

Other (please specify):

The Data Notebook was discussed at the December executive and board meeting. A copy of the completed Notebook will be submitted to the Board of Supervisor at the February 2, 2021

Q33

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification):

Administrative Aide

Q34

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

Name

Tori Bartholomew

County

Sonoma County

Email Address

Phone Number

Q35

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

Name

Kathy Smith

County

Sonoma

Email Address

Phone Number

Q36

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

The submission time frame has been shortened from past years.
