



California  
Behavioral Health  
Planning Council

Advocacy • Evaluation • Inclusion

# 2020 Data Notebook

## Telehealth Strategies

# What is the Data Notebook?

- A structured format for reviewing information and reporting on behavioral health services in each California county.
- **Goals of the Data Notebook**
  - Assist local mental health boards to meet their legal mandates to review the local county mental health services on performance each year (California Welfare & Institution Code 5604.2)
  - Function as an educational resource about mental health data for local boards
  - Enable the California Behavioral Health Planning Council to fulfill its mandate to review and report on the public mental health system in California.

# Data Notebook 2020

---

- Different approach than last year
  - This year, the CBHPC moved the Data Notebook survey to an online format utilizing the SurveyMonkey platform.
  - This year's focus topic is "telehealth and other strategies to provide services during the COVID-19 public health emergency."
- Information gathered will guide the California Behavioral Health Planning Council's advocacy in the coming year.
- The California Behavioral Health Planning Council's has resumed its practice of presenting county-specific data.



# Standard Yearly Data and Questions

- 1. Please identify your County / Local Board or Commission.
  - Sacramento County Mental Health Board
  
- 2. 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?**
  - 10 individuals in Transitional Residential Programs ,  
Unknown individuals in Board and Cares
  
- 3. What is the total number of ARF bed-days paid for these **individuals, during the last fiscal year?**
  - 1,549 bed-days in Transitional Residential Programs,  
Unknown bed-days in Board and Cares

# Transitional Residential Programs

- Serving Adults 18 years and older on an LPS Conservatorship on Medi-Cal
- Provides therapeutic, psychosocial rehabilitative support services in a residential setting, includes medication management and evaluation
- Focuses on an individual's recovery to facilitate returning an individual to the community
- Discharge planning includes close coordination with outpatient providers to ensure continuity of care

- **4. 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?**
- Sacramento County currently tracks all beneficiaries placed in our adult Transitional Residential programs, which are classified as an ARF. The MHP provider system also utilizes local Board & Care facilities, which are ARFs. However, this is currently not tracked in our electronic health record (EHR) system. In fiscal year 20/21, Behavioral Health Services implemented a new Augmented Board and Care (ABC) program and an Adult Residential Treatment (ART) program. All admissions into these programs will be entered and tracked in our EHR.

- 5. Does your county have any "Institutions for Mental Disease" (IMDs)
  - Yes (If Yes, how many IMDs?) – 5
  
- 6. 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 – 2,620
  - Out-of-County – 156 See next two slides
  - Total – 2,776
  
- 7. What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?
  - 84,075 bed days



# Out-of County Placement

- Of the 156 clients placed out of County 75% were served in an acute psychiatric hospital.
- The majority of these clients are children/youth.
  - Some of these children/youth are placed out of county in residential programs, if they are in need of acute psychiatric care, they would be served at a facility near their residence.
  - There are limited psychiatric beds for children & youth across this state, this also results in services provided out of county.

# Out-of County Placement

- Adults who receive emergency psychiatric care out of county may be due to;
  - No available beds available beds in county or,
  - A person is in another county at the time they experience a mental health crisis and seek treatment

- 8. **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?**
  - Other - expansion of children's mental health outpatient services to include flexible funding to support children/families who are homeless or at risk of homelessness as it relates to the child's mental health condition
  
- 9. **Do you think your county is doing enough to serve the children/youth in group care?**
  - Yes

These children/youth are served in Short Term Residential Therapeutic Programs that are licensed by the Department of Social Services and that contract with BHS. Children in these programs receive specialty mental health services from BHS.

- **10. Has your county received any children needing "group home" level of care from another county?**
  - Yes (If Yes, how many?) – Approximately 33 as of September 2020 CPS Placement Data Report
  
- **11. Has your county placed any children needing "group home" level of care into another county?**
  - Yes (If Yes, how many?) – Approximately 68 as of September 2020 CPS Placement Data Report. This number decreased from 90 placed out of county in September 2019.

# Reasons for Out-of County Placement

- Specialized programming out of county
- Nearer to a relative and part of a larger permanency plan with that relative
- Need to prevent exploitation locally
- Only placement available at that time



# **Focus Topic: Telehealth Strategies**

## Focus Topic: Telehealth Strategies

- 12. 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?) – In a limited capacity, funded by Medi-Cal.
  
- 13. Did your county decide to offer telehealth services after the Covid-19 public health emergency began?
  - Yes
  
- 14. Did the Covid-19 public health emergency cause your county to modify or adapt your service in any way?
  - Yes
  
- 15. 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 staffing to facilitate telehealth coordination
  - Changes to technology/software to facilitate telehealth
  - Community outreach to promote telehealth services

## Focus Topic: Telehealth Strategies

- 16. Is your county able to serve both adults and children with behavioral health telehealth services?
  - Both Adults and Children
  
- 17. 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
  
- 18. Does your county have a contract with an organizational provider out of your area to provide behavioral health telehealth services?
  - No
  
- 19. 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



## Focus Topic: Telehealth Strategies

- 20. **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
  
- 21. **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

- 22. 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
  
- 23. Who normally schedules and coordinates telehealth services in your county?(please select all that apply)
  - Dedicated telehealth coordinator
  - Case manager
  - Social worker, counselor, or other licensed mental health professional
  - Nurse
  - Individual medical providers
  - Other (please specify) – Administrative Staff

- 24. 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?
  - “Decrease in no-shows/cancellations” for all age groups, including:
    - Children (age 15 or below)
    - Transition-age youth (16-21)
    - Adults (22-64)
    - Older Adults (65+)
  
- 25. 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

- 26. **Has your county experienced any of the following benefits of using telehealth to provide behavioral health services? (please select all that apply)**
  - Increased consumer outreach and engagement
  - Increased appointment attendance
  - Improved case-management for consumers with high needs
  - Improved clinical workflow and overall practice efficiency
  - Providers can serve more patients – “Easier to connect with families with small children”
  - Increased staff morale/decreased burnout
  
- 27. **Is your county having any billing/reimbursement issues regarding behavioral health telehealth services?**
  - Yes (if yes, please explain) – Billing entry errors have since been reduced through training.

## Focus Topic: Telehealth Strategies

- 28. **How confident is your county that behavioral health services provided via telehealth are being billed in an appropriate and accountable manner?**
  - Very confident
  - Somewhat confident
  - Neutral/unsure
  - Not so confident
  - Not at all confident
  
- 29. **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
  
- 30. **Please explain why or why not.**
  - The Division conducted a survey and there was strong evidence that supported the continuation of telehealth from both providers and consumers.
  
- 31. **Does your county have any additional input concerning the use of telehealth to deliver behavioral health services?**
  - There is no further feedback at this time.



# Miscellaneous Questions

## Miscellaneous Questions

- 32. **What process was used to complete this Data Notebook?**
  - Data Notebook placed on Agenda and discussed at Board Meeting
  
- 33. **Does your board have designated staff to support your activities?**
  - Yes – Human Services Program Planner
  
- 34. **Please provide contact information for this staff member or board liaison.**
  - Name – Jason Richards
  - County – Sacramento County
  - Email Address – RichardsJa@saccounty.net
  - Phone Number – (916) 875-6482
  
- 35. **Please provide contact information for your Board's presiding officer (Chair, etc).**
  - Chair Arneill's contact information will be entered into the survey.
  
- 36. **Do you have any feedback or recommendations to improve the Data Notebook for next year?**
  - *To be determined by the Mental Health Board at the November meeting.*