

## #2

**COMPLETE**

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

**Q1****Calaveras**

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?

9

**Q3**

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

1588

**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?

It is believed that all who need this housing are served.

**Q5****No**

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	<b>0</b>
Out-of-County	<b>3</b>

**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?

380.0

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

**Q8**

**Emergency Shelter,**

**Housing/Motel Vouchers**

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)

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

**Q9**

**Yes**

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

**Q10**

Yes (If Yes, how many?):

2

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

**Q11**

Yes (If Yes, how many?):

2

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**

**No**

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

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

**Q13**

**Yes**

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?

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

**Q15**

**Telehealth training for staff and providers,**  
**Changes to staffing to facilitate telehealth coordination**

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

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**Q16****Both**

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

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**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?

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**Q18**

Yes (If Yes, what is the name of the provider organization?):  
 Jackson & Coker, Locumtenens

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

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**Q19**

**On personal home computers,**  
**On mobile devices such as a cell phone or tablet,**  
**On a landline phone**

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

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**Q20**

**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**

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

<b>Q21</b>	<b>Assistance in securing a mobile device or internet connection, including equipment loans</b>
Does your county provide any of the following accommodations to assist consumers who have barriers to accessing telehealth services? (please select all that apply)	
<b>Q22</b>	<b>Technology/software, Encouraging consumer/community adoption and utilization</b>
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)	
<b>Q23</b>	<b>Social worker, counselor, or other licensed mental health professional</b>
Who normally schedules and coordinates telehealth services in your county? (please select all that apply)	
<b>Q24</b>	
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)	<b>Decrease in no-shows/cancellations</b>
Transition-age youth (16-21)	<b>Decrease in no-shows/cancellations</b>
Adults (22-64)	<b>Decrease in no-shows/cancellations</b>
Older adults (65+)	<b>Decrease in no-shows/cancellations</b>
<b>Q25</b>	<b>Rural or distant communities</b>
Has the use of telehealth increased access to behavioral health services for any of the following groups? (please select all that apply)	
<b>Q26</b>	<b>Increased appointment attendance</b>
Has your county experienced any of the following benefits of using telehealth to provide behavioral health services? (please select all that apply)	
<b>Q27</b>	<b>No</b>
Is your county having any billing/reimbursement issues regarding behavioral health telehealth services?	

**Q28****Very 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.

To meet client needs when other/standard options are not available or appropriate.

**Q31**

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

No further input, though telehealth has allowed the department to help consumers in these challenging times.

## 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**

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**MH board partnered with county staff or director**

**Q33**

Does your board have designated staff to support your activities?

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

The Mental Health Department provides administrative staff person to help with "secretarial" assistance to the board.

**Q34**

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

Name

**Jana Molnar**

County

**Calaveras**

Email Address

Phone Number

**Q35**

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

Name **Donald Chaisson**

County **Calaveras**

Email Address

Phone Number

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**Q36**

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

Completing the data notebook information by "Survey Monkey" was convenient and we would like to continue this approach for future submissions.

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