

#25

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

Q1**San Benito**

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?

1363

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?

0

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	N/A
Out-of-County	1

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?

95

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,****Transitional Housing,****Housing/Motel Vouchers,****Supportive Housing,****Rapid re-housing,**

Other (please specify):

SBCBH and the BHB will work together, in collaboration with other partner agencies, to enhance services to persons who are both homeless and have a severe mental illness.

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

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

Yes (If Yes, how many?):

21 have been placed in the county, at Chamberlains, which is applying to become an STRTP. All of these children are placed by CWS agencies located in other counties.

Q11

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

Yes (If Yes, how many?):

18. All San Benito County children needing placement are placed by the SBC CWS agency. Currently, CWS does not place children at Chamberlains. Once Chamberlains becomes certified as an STRTP, BH will work closely with CWS to identify opportunities to place SBC children in the county, whenever possible.

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?:

Telehealth has been funded through Behavioral Health budget using MSHA funding to support telehealth at our wellness center, Esperanza, and at the Behavioral Health clinic. In addition, services are billed to Medi-Cal whenever possible to support these important services.

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 staffing to facilitate telehealth coordination,

Changes to technology/software to facilitate telehealth,

Community outreach to promote telehealth services,

Other (please specify):

SBCBH has had telehealth here for over 10 years. As a small, rural county, with 60% of the people served being Latino, it was important to contract with a Spanish speaking Psychiatrist. We were successful in securing a psychiatrist and set up the telehealth equipment at Esperanza, our wellness center. Services were available for four (4) hours, once a week. This provided an excellent environment and easy access for clients to receive psychiatry services in Spanish.

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?):
There is a contract with Kingsview and Doctor Wanted.
There is also a contract with an individual private psychiatrist, who offers telehealth.

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

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

,

Encouraging consumer/community adoption and utilization

,

Difficulty navigating regulations regarding telehealth,

Other (please specify):

Additional IT technical support is needed in this small county.

Q23

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,

Other (please specify):

BH Administration

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)

Decrease in no-shows/cancellations

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):

Children, TAY, students, and Substance Use clients like the Telehealth and therefore, Medi-Cal billing has increased for these populations.

Q26

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,
 Other (please specify):
 Increase with TAY and SUD clients only

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**Q30**

Please explain why or why not.

It allows flexibility, easier for working families, easy access (presuming technology), and other tools we have available. It also helps with transportation issues, allowing clients to receive services in their homes.

Q31

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

Respondent skipped this question

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

,

MH board work group or temporary ad hoc committee worked on it

,

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):

BH Departments, QI, Children's, Adults, Administrative, CM participate monthly

Q34

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

Name

Alan Yamamoto

County

San Benito

Email Address

Phone Number

Q35

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

Name

Margie Barrios

County

San Benito

Email Address

Phone Number

Q36

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

We appreciate having the SBCBH staff involved at all of our Behavioral Health Board meetings at the level they are at now. It is helpful to have them available to provide answers immediately to the Board's questions and/or bring information back to the next meeting. We appreciate the Data Notebook process because it helps keep us involved at a broader level of the system of care and services and gives us insight into how to strengthen services for our citizens.