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

Q1**San Diego**

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?

0

Q3

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

0

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?

A minimum of ~100.

Q5

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

Yes (If Yes, how many IMDs?):

Nine. The County contracts with these Residential Facilities: Alpine Special Treatment Center, Inc. Crestwood Behavioral Health, Inc. • Crestwood Chula Vista • Crestwood Fallbrook • Crestwood San Diego Lakeside SNF/STP In addition, the County operates the San Diego County Psychiatric Hospital and has contracts with three other Inpatient Acute Psychiatric Facilities that are IMDs: • Alvarado Parkway Institute • Sharp Mesa Vista • Aurora Behavioral Health Care

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

Residential: 496 individual clients Inpatient: 2,791 individual clients

Out-of-County

Residential: 13 individual clients Inpatient: data not readily available

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?

Residential: 106,720 bed-days for in county in FY 19/20

3,787 bed-days for out of county in FY 19/20 Inpatient: 21,402

Acute bed days & 14,415 Administrative bed days for a total 35,817 bed days in county in FY 19/20

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,
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):

This was discussed at the San Diego County Behavioral Health Advisory Board's Annual Retreat, in October 2020. Responses appear below: "There are children that have exhausted all placement options but for placement in a group home and having worked with a number of the group homes I have found that they provided these youth with a stable and supportive environment. I understand the need for the continuing evaluation of the child's mental health and developmental needs but with these new requirements some very good group homes have been forced to close resulting in a significant loss of beds for these hard to place youth. In a perfect scenario all youth would be able to be placed with a foster family in as close to a home environment as possible but sadly that is not the case and there are some youth, whether society wants to admit it or not, that won't find that home and do well and thrive in the group homes I have worked with, primarily older youth, and it frustrates me that those youth have lost those good group homes Sometimes I wish legislators and policy makers would just stop and take a honest look at things rather than jumping to make new regulations that they feel will be a "great improvement" and recognize that what is already there is working. The old saying "if it isn't broke don't try to fix it" comes to mind." "Yes, but! This feels like a trick question! I doubt any County is doing enough, if defined as meeting the needs of all of the 60,000 children currently in foster care. By definition, most of these children have special care issues, whether behavioral, physical, or educational. This requires several sectors to work together to meet their needs—and cross-sector work has always been a challenge for County departments. Funding is a challenge when trying to establish licensed STRTPs. This County faces an uphill battle to find appropriate contract services which can provide the specialized and intensive treatment required for such children. Meeting the goal is not a short term pursuit. The County has to do more to work with appropriate providers to increase the numbers being moved out of long-term group homes in order to reach the goal. If funding is a fundamental constraint, BHAB needs to play an advocacy role for both adequate funding and appropriate providers. Careful review of pending contracts is called for to be sure what is approved, can meet the needs of the special children to be served." "Counties need to ensure the maximum use of telehealth, it is best tool to leverage in meeting the needs of youth." "It is difficult to quantify the need when there isn't enough information to determine the levels of services which exist, compared to those we aren't serving." "Better data on youth served and metrics on conditions, transition times, etc. would be

needed to properly judge the need and if that demand is being met. Unclear without knowing the gap or delta in between the need and the services, if “enough” is simply getting more youth into a housed setting, or housed for shorter times?” “Some children were doing well in group homes and couldn’t be placed into family homes, but the aggressive regulatory changes were implemented quickly and resulted in disruptions for many. It was an unrealistic policy goal, and caused some good group homes to be closed. This was a short-sighted policy decision.”

Q10

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

Yes (If Yes, how many?):

San Diego has transitioned to contracting with STRTP’s instead of Group Homes. In Fiscal Year 19/20 the Mental Health Plan was informed by other Counties that they were presumptively transferring 49 youth to be placed in a San Diego STRTPs.

Q11

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

Yes (If Yes, how many?):

San Diego local placing agencies (Child Welfare and Probation) have informed the Mental Health Plan of presumptively transferring 50 youth for STRTP placements out of San Diego County in Fiscal Year 19/20.

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?):

Adult Telehealth services were funded primarily via MHSA CSS or Realignment. For Children, telehealth was only modestly utilized, but allowable for an array of funding streams including Medi-Cal upon meeting requirements.

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,
Community outreach to promote telehealth services

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?

No**Q18**

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

No**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

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,
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,
Telehealth training for staff and providers,
Scheduling and coordinating telehealth services,
Encouraging consumer/community adoption and utilization

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,
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)

Increase 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

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,
Providers can serve more patients

Q27

No

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

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.

This was discussed at the San Diego County Behavioral Health Advisory Board's Annual Retreat, in October 2020. Responses appear below:

"I hope so! To my understanding this was not a regular option prior to COVID-19 but appears to meet some clients needs so why not leave it as an option in the future when we are back to normal."

"Preliminary data is showing that telehealth has been accepted by both providers and clients in the process of care. In many cases, it provides access to care which may not have otherwise been available. It should not replace face to face interactions, but be another "tool" available to providers to maintain consistent communication and support while aiming to assist clients reach and sustain recovery. IF there are reimbursement issues after COVID-19, the State and Counties must address this arbitrary barrier and BHAB should play a strong advocacy role on behalf of the clients we serve. There may be workforce concerns, but those can be addressed."

"The telehealth shift has made access to services much easier and it should be continued and expanded. It removes barriers of transportation and access and reduces stigma. It will save costs and expand access in the long term."

Q31

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

This was discussed at the San Diego County Behavioral Health Advisory Board's Annual Retreat, in October 2020. Responses appear below:

"With the release of the CARE dollars to the community based organizations for development in infrastructure to provide telehealth therapy to clients, it is my hope that the County will place realistic guidelines, goals and reporting for them so they can take the time needed to develop and use the dollars to their clients best advantage. In this time of uncertainty putting unrealistic demands and timelines in place will be more of a detriment than a positive in moving forward."

"Through working with our providers, the County should have additional input re: barriers/challenges to sustaining the use of telehealth to deliver behavioral health services. This applies to both rural and urban delivery. The aim should be to work together to address those challenges, especially as they may relate to the BHS workforce. Also, the County should continuously survey client perception of services to make adjustments as necessary to meet clients' needs."

"Regulations and restrictions on use of telehealth funding should be loosened, so each program can develop their services as customized best for their client needs."

"There should be more leveraging of new technologies available, to get information from phone-based tools and apps, which can help inform care."

"Some consumers could feel left out using telehealth and less connected due to not having the personal human interaction, depending on their personality and specific needs, which is an important consideration for sensitive populations."

"There is still a population for whom telehealth is not ideal, individuals without phones/tablets, those who need a more personal touch, and those who simply prefer in-person service delivery. For special populations, more data is needed to determine outcomes."

"Due to COVID-19, there were some telehealth restrictions relaxed regarding the various platforms allowable and other privacy safeguards. Some regulations may remain relaxed, depending on guidance post-pandemic. Furthermore, other resources may be forthcoming, so the longer-term landscape for telehealth is still to-be-determined."

Page 9: Post-Survey Questionnaire

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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MH Board completed majority of the Data Notebook, 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):
Health Policy and Planning Specialist

Q34

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

Name	Ben Parmentier
County	San Diego
Email Address	
Phone Number	

Q35

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

Name	Judith Yates
County	San Diego
Email Address	
Phone Number	

Q36

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

No, thank you.
