

#40

COMPLETE

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

Q1**San Luis Obispo**

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?

76

Q3

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

16479

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?

60

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?

Out-of-County

30

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?

7881

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,
Housing/Motel Vouchers,
Supportive Housing,
Safe Parking Lots

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?):
12-bed capacity

Q11

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

Yes (If Yes, how many?):
28

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?:
We have always billed Medi-Cal for the telehealth services we provide; MHSA funding, grants, and General Funds have covered the costs of our telehealth equipment pre-COVID disaster relief funds.

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

Q13

Respondent skipped this question

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?

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

Both

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

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?

Q18

No

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

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,
Other (please specify):
At homeless shelters

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,
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)

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
,
Other (please specify):
Administrative Assistants

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

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,

Improved clinical workflow and overall practice efficiency

,

Providers can serve more patients,

Other (please specify):

Telehealth has increased our capacity to provide population-specific treatment groups, which clients at each of our clinic locations can participate in.

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.

To maintain the benefits identified in question #26

Q31

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

Not at this time

Page 9: Post-Survey Questionnaire

Q32

MH board partnered with county staff or director

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

Q33

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification):
Amanda Getten, Quality Support Team Division Manager

Q34

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

Name	Amanda Getten, LMFT
County	San Luis Obispo
Email Address	
Phone Number	

Q35

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

Name	Barbara Levenson, Vice-Chair
County	San Luis Obispo
Email Address	
Phone Number	

Q36

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

Barbara Levenson is currently filling in for the board's chair:

Eulalia Apolinar eapolinar@tri-counties.org (805) 621-8241
