

#35

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

Q1**Ventura**

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?

347

Q3

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

94792

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?

250

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	0
Out-of-County	15

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?

3,949

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,

Transitional Housing,

Housing/Motel Vouchers,

Supportive Housing,

Adult Residential Care Patch/Subsidy,

Other (please specify):

Established a "living situation" field in the EHR to quantify homelessness among clients; Referred 66 clients to Project Roomkey, a COVID-related program for high-risk individuals experiencing or at risk of homelessness.

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?):

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

209

Q11

Yes (If Yes, how many?):

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

14

Page 6: Part II: Telehealth Technology for Behavioral Health

Q12

Yes (If yes, how were telehealth services funded prior to the Covid-19 public health emergency?:

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

Medi-Cal and Mental Health Specialty dollars.

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

Respondent skipped this question

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 staffing to facilitate telehealth coordination,

Changes to technology/software to facilitate telehealth,

Community outreach to promote telehealth services,

Other (please specify):

Capacity increase - additional MD's; Crisis Team conducting assessments for individuals at medical hospitals exclusively by telehealth.

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

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?):

No for Substance Use Services; Yes for Mental Health Services (additional psychiatrists for MH)

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):

Crisis Team using county cell phones (MH); Medical hospital staff providing tablets to individuals on-site for Crisis Team assessments.

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

,

Other (please specify):

Decrease in billed minutes as number of contacts have increased, but length of contact has decreased (MH); Difficulty accessing meds when out of county (MH).

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

,

Other (please specify):

In the field during crisis situations (MH).

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

,

Getting provider buy-in,

Encouraging consumer/community adoption and utilization

,

Other (please specify):

Privacy concerns at work site (MH); Bilingual capacity (MH).

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,

Other (please specify):

Office Assistants (OA = administrative staff) (MH); Medical hospital staff for crisis assessments.

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)

No change

Transition-age youth (16-21)

No change

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):

Individuals who are at an Inpatient facility (MH); By reducing response time for Crisis Team, staff availability is greater and more people have been served.

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

,

Easier to connect with families with small children,

Other (please specify):

Logrando Bienestar ('Achieving Wellbeing' Program) has benefitted (MH).

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?

Very 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.

Clients like it; More effective access; Client preference; Improved access; Client appointment flexibility; Median response time for Crisis Team has been reduced by 20-30 minutes, allowing greater number of people needing services greater success; Efficiency has been enhanced within the Crisis Team so fewer people are waiting or choose to call 911 in situations perceived to be more urgent; Safety has increase for Crisis Team, especially by eliminating the need for physical presence in some situations, thereby mitigating the potential for spreading COVID.

Q31

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

Long-term outcomes remain to be ascertained; especially since the quality of the therapeutic relationship is the key to healing; Ventura County has done a remarkable nimble pivot, especially given its size and historical challenges to shift. Telehealth is a great strategy, but barriers remain for those who lack access to technology and wifi. In particular, the County has a substantial population of indigenous farm workers and their families, many of whom do not use e-mail, do not speak English or Spanish, and some of whom are illiterate. Telehealth strategies should adapt to include technologies immigrants are already familiar with, such as WhatsApp using cell phones. One BHAB member who works at a counseling services company notes that they recognize that telehealth presents many challenges in the delivery of BH services. They use a hybrid model upon which some clients attend onsite (utilizing universal precautions) while others participate through telehealth. Although grateful for the telehealth option, member recognizes that therapeutic work, interventions, getting a visceral feel for what clients are going through, building rapport, etc., have all been challenging through telehealth. However, it is not without benefit in that it is a communication medium that seems to have potential and is better than nothing. Another BHAB member notes that it has been noticed that clients do not enjoy staying online as long as it takes for a therapy session.

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 work group or temporary ad hoc committee worked on it

,

MH board partnered with county staff or director,

MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function

Q33

Does your board have designated staff to support your activities?

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

Management Assistant III; Program Administrator III; Office Assistant III; Management Assistant II (x4)

Q34

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

Name	Vickie Poliquin
County	Ventura
Email Address	
Phone Number	

Q35

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

Name	Jerry M. Harris
County	Ventura
Email Address	
Phone Number	

Q36

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

From Elizabeth R. Stone, BHAB member: While entering data online to transmit to CBHPC may be easier as a survey, the regulation to review and share information among numerous parties rendered the PDF version supplied by CBHPC unusable, resulting in an unnecessarily onerous process of reformatting and copying the form and data. It is unconscionable that a statewide agency of such major responsibility would fail to have available to Counties, nor for statewide consumption, a version of the survey and statewide results in Spanish in addition to English.
