

# #38

**COMPLETE**

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

**Q1** **Del Norte**

Please identify your County / Local Board or Commission.

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**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?

8

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**Q3**

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

2436

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**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

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**Q5** **No**

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

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**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>93</b>

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**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?

3313

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

**Q8**

**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**

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):

The county would like to work toward recruiting therapeutic foster care within the county, as currently children needing this level of care are placed outside of the county.

**Q10**

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

**No**

**Q11**

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

Yes (If Yes, how many?):

13

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 services were funded primarily through Medi-Cal, although the mental health services act was at times to help offset the cost of upgrading equipment and facilities.

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 staffing to facilitate telehealth coordination,  
 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**

Yes (If Yes, what is the name of the provider organization?):  
 Kingsview

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

**Q19**

On personal home computers,  
 On mobile devices such as a cell phone or tablet,  
 At community clinics or wellness centers

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

**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**

**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**
- ,
- 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**

**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)   | <b>No change</b> |
| Transition-age youth (16-21) | <b>No change</b> |
| Adults (22-64)               | <b>No change</b> |
| Older adults (65+)           | <b>No change</b> |

**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**

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**Q26**

Has your county experienced any of the following benefits of using telehealth to provide behavioral health services? (please select all that apply)

**Improved case-management for consumers with high needs**  
,  
**Providers can serve more patients,**  
**Easier to connect with families with small children,**  
**Increased staff morale/decreased burnout**

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**Q27**

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

**No**

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**Q28**

How confident is your county that behavioral health services provided via telehealth are being billed in an appropriate and accountable manner?

**Very confident**

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**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**

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**Q30**

Please explain why or why not.

It allows for increased flexibility with our staffing. Also, it can help to some of the transportation issues our clients experience.

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**Q31**

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

no.

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**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**

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

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**Q33**

Does your board have designated staff to support your activities?

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

I am a staff service analyst. I do my best to help out the board but there is no job classification.

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**Q34**

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

Name **Marcus Padilla**

County **Del Norte**

Email Address

Phone Number

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**Q35**

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

Name **Clarke Moore**

County **Del Norte**

Email Address

Phone Number

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**Q36**

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

no

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